Vaccine Plan
in Response to
COVID-19 Pandemic

January 2021

Table of Contents

Table of Figures.....3

Introduction.....4

Section 1: COVID-19 Vaccination Preparedness Planning.....7

Section 2: COVID-19 Organizational Structure and Partner Involvement.....10

Section 3: Phased Approach to COVID-19 Vaccination.....11

Section 4: Critical Populations.....15

Section 5: COVID-19 Provider Recruitment and Enrollment.....20

Section 6: COVID-19 Vaccine Administration Capacity.....22

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management 23

Section 8: COVID-19 Vaccine Storage and Handling.....32

Section 9: COVID-19 Vaccine Administration Documentation and Reporting.....34

Section 10: COVID-19 Vaccination Second-dose Reminders.....36

Section 11: COVID-19 Requirements for IISs or Other External Systems.....37

Section 12: COVID-19 Vaccination Program Communication.....44

Section 13: Regulatory Considerations for COVID-19 Vaccination.....47

Section 14: COVID-19 Vaccine Safety Monitoring.....49

Section 15: COVID-19 Vaccination Program Monitoring.....50

Appendix A: Acronyms.....52

Appendix B: Re-Distribution Form.....54

Appendix C: Hub and Spoke Concepts.....55

Appendix D: Vaccination Strike Team.....59

Appendix E: Vaccine Adverse Event Reporting System (VAERS) Fact Sheet.....60

Appendix F: Vaccine Safety Assessment for Essential Workers (V-SAFE) Fact Sheet.....61

Appendix G: Vaccine Ordering Process (Pfizer-BioNTech and Moderna Only).....63

Appendix H: COVID-19 Vaccine Coordination Process for Groups and Individuals.....64

Appendix I: ADH COVID-19 Vaccination Phase Schematic.....65

Appendix J: CDC Supplemental COVID-19 Vaccine Redistribution Agreement....66

Appendix K: COVID-19 Vaccine Inventory Management (WebIZ).....68

Table of Figures

Figure 1: Estimated Population Size by Phase (1a, 1b, and 1c)……19

Figure 2: Arkansas Department of Health COVID Vaccination Allocation Steps.....23

Figure 3: Existing Arkansas Hospital Coalition Districts……24

Figure 4: COVID-19 Vaccinations Transportation.....27

Figure 5: Department of Health Surplus Vaccine Redistribution Steps.....….....30

Introduction

This document is designed to assist the state of Arkansas in planning for vaccine distribution in response to the COVID-19 pandemic. Information contained in this document is based on limited and preliminary guidance from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) and will be continuously updated as that guidance evolves. All information in this document is subject to change.

The Arkansas Department of Health (ADH), Center of Health Protection's (CHP) Immunization Branch, and Public Health Preparedness, and Emergency Response Branch (PHPERB) have led the collaborative efforts of the COVID-19 vaccination effort by developing the State COVID-19 Vaccination Plan. This plan should be used by state and local partners to inform planning efforts for the administration of SARS-CoV-2/COVID-19 (COVID-19) vaccines. ADH will ensure quality improvement by soliciting feedback from partners and stakeholders throughout the implementation of this plan and as new information becomes available.

The ADH develops and maintains plans for request, receipt, distribution, mass dispensing, and administration of lifesaving emergency medical supplies and equipment during a disaster where the public's health is at risk.

The ADH Immunization Branch maintains the Web Immunization Registration Information System (WebIZ), a system for vaccine management and operations, which includes ordering, shipping, handling, and storing procedures for all vaccine purchases in the state. Using WebIZ, Arkansas health care vaccine-enrolled providers will manage all vaccine administration and reporting efforts to ADH.

The purpose of the plan is to accomplish the goal of providing COVID-19 vaccination to a percentage of the population large enough to elicit herd immunity. The ADH will accomplish the following:

- Provide technical assistance to local providers to inform local planning and ensure local plans align with state plans and/or guidance.

- Closely monitor activities at the local level to ensure the COVID-19 vaccine administration plan is implemented throughout each county in adherence with federal and state guidance and requirements and that there is equitable access to COVID-19 vaccination across the state.

- Activate the ADH Emergency Operations Center (EOC) to coordinate ordering, administration, and tracking of the COVID-19 vaccine in the state.

- Ensure expanded scopes of practice for healthcare licensees as necessary to allow certain medical professionals the opportunity to assist in the vaccination

campaign when working under the authority of the Local Health Unit (LHU) or a healthcare entity.

- Provide a statewide system for tracking vaccine administration and for notifying clients of the need for a second dose of the vaccine if a second dose is indicated.

- Provide a statewide system for volunteer management and tracking.

- Provide a statewide system for disseminating information to vaccine-enrolled providers and others with direct involvement in the COVID-19 vaccination administration mission, i.e., Health Alert Network (HAN).

- Provide oversight of provider enrollment, tracking, and vaccine location.

- Identify and map priority populations and determine sub-allocations of vaccine for distribution within the state.

- Track relevant data to inform the statewide vaccination strategy and ensure federal requirements are met.

- Provide guidance and training to vaccine-enrolled providers on the following:

    - Available CDC resources and vaccine recommendations, when available;

    - Ordering and receiving the COVID-19 vaccine;

    - Vaccine storage and handling, including transportation requirements, specific to COVID-19 vaccines;

    - Vaccine administration, including reconstitution, use of adjuvants, diluents, etc.;

    - Documenting and reporting vaccine administration via the state immunization information system (WebIZ);

    - Managing and reporting vaccine inventory via WebIZ;

    - Documenting and reporting vaccine waste and spoilage;

    - Procedures for reporting to the Vaccine Adverse Event Reporting System (VAERS); and

    - Providing Emergency Use Authorization (EUA) fact sheets and/or vaccine information statements (VISs) to vaccine recipients.

- Collaborate with local Public Information Officers (PIOs) to conduct a statewide media campaign to share facts about the vaccine and to encourage residents to be vaccinated.

- Activate a statewide hotline to address questions regarding vaccination administration campaign and to provide guidance on reporting vaccine-adverse events to the CDC.

Section 1: COVID-19 Vaccination Preparedness Planning

COVID-19 Vaccination Planning Assumptions

- **Vaccine distribution assumptions**
    - Limited COVID-19 vaccine doses were available in December 2020.
    - COVID-19 vaccine supply will increase substantially in 2021, allowing regular shipments to states.
    - Vaccine-enrolled providers will be required to agree to follow CDC guidance on vaccine administration, storage, and handling by signing the CDC COVID-19 Vaccination Program Provider Agreement.
    - Vaccine- enrolled providers will be required to agree and adhere to distribute SARS-CoV-2/COVID vaccine as per the Arkansas Department Health's phased plan.
    - Vaccine-enrolled providers will be allocated vaccine as it becomes available. Ensuring equity is a priority and allocation determination decisions may be based on multiple factors such as the overall county's population size and disease burden.
    - In the early phases of vaccine distribution for vaccines requiring ultra-cold (-60ºC to -80ºC) temperature controls and the inability to distribute less than 975 doses, ADH will coordinate a centralized distribution model.
    - Vaccine-enrolled providers will be enrolled in the Arkansas WebIZ and report inventory daily or as specified by the ADH.
    - All people are susceptible to the virus. Initial populations prioritized for COVID-19 vaccination will be as follows based on federal guidance and ACIP recommendations and subject to change based on future ACIP guidance:
        - Healthcare personnel and residents of Long-Term Care Facilities (LTCF);
        - High priority workers, including first responders; and

Those persons 70 years or older,

- Priority groups may change as vaccine is more widely available, depending on characteristics of each vaccine, vaccine supply, and disease epidemiology.

- Because of the uncertainty of COVID-19 vaccine production, plans must be flexible and should include high-demand and low-demand scenarios.

- **Vaccination assumptions**

  - Vaccination will be voluntary.

  - Adequate federal funding will be available to implement a large-scale vaccination response.

  - Initial doses of COVID-19 vaccine may be authorized for use under an EUA issued by the Food and Drug Administration (FDA) based on available safety and efficacy data.

  - Cold-chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2 ºCto 8 ºC) to frozen (-20 ºC) to ultra-cold (-60 ºC to -80 ºC).

  - Frozen and refrigerated vaccines will be shipped in 100dose increments and kitted with ancillary supplies. Ultra-cold vaccine will be shipped in 975dose increments.

  - Two doses of COVID-19 vaccine separated by approximately 21 or 28 days will be needed for immunity for some vaccine candidates. Both doses of the vaccine must be with the same vaccine type and produced by the same manufacturer. The two doses given will not necessarily be from the same lot of vaccine. This will require stringent tracking of vaccine administered and patient reminders.

  - Per CDC guidance, the vaccine should be provided to enough of the population to elicit herd immunity as the supply of vaccine permits.

  - Vaccine administration will take place over many months and provided in phases as more vaccine becomes available.

  - Vaccine-administration planning must reflect the three types of vaccines being manufactured:

▪ mRNA or messenger ribonucleic acid vaccines, which encodes the protein of the virus and is inserted into cells to trigger an immune response and create antibodies to the virus.

▪ Non-replicating rival vector vaccine, which is a noninfectious virus modified to have the spike protein on its surface and is administered to stimulate the immune system.

▪ Protein Adjuvant vaccine, which is a virus spike protein packaged into a nanoparticle and delivered into cells with an adjuvant to enhance the immune response.

- CDC will provide standard communication materials on the EUA for the general public similar to the Vaccine Information Statement (VIS) and specific communication to vaccine-enrolled providers on the EUA.

- Monitoring for adverse events will be necessary and important.

- Vaccine distribution for common vaccine-preventable diseases will not alter from routine procedures.

- Seasonal influenza vaccine production and administration campaign will continue. Although individuals should not receive the influenza vaccine and the Covid-19 vaccine at the same time.

- Demand for the pandemic vaccine may be high throughout the response. Requirements for COVID-19 vaccine administration will continue to evolve over time. Additional guidance is forthcoming from the Governor based on recommendations from ACIP and the Secretary of Health.

Section 2: COVID-19 Organizational Structure and Partner Involvement

ADH's COVID-19 response is organized under the Emergency Operations Center (EOC). The Secretary of Health/Director of the ADH and the Director of the Arkansas Division of Emergency Management Agency (ADEM) operate under a Unified Command Response. The ADH response is led by an Incident Commander. For vaccination, this is led under the Immunization Branch, which is led by a Program Manager for Covid Vaccine Deployment and the Immunization Medical Director. There are functions that interface with counties at both the local and state levels. Within the Immunization Branch, each box represents a function that has a lead and support staff, as required, thus creating redundancy. This core team works in tandem with all stakeholders from across the state. The Immunization Branch frequently holds ad hoc meetings and/or webinars to engage partners such as hospitals, medical providers, LHU county emergency managers, private industry, associations/organizations, pharmacies, correctional facilities, and institutes of higher learning. Pandemic vaccination planning is a combined state and local responsibility that requires close collaboration and coordination among public health entities, external agencies, and community partners. An internal COVID-19 Vaccination Program planning and coordination team is critical to ensure that the vaccination response to COVID-19 is thoughtfully planned and successfully executed.

Section 3: Phased Approach to COVID-19 Vaccination

Due to changing vaccine supply levels at various points during the COVID-19 Vaccination Program, planning will be flexible, but as specific as possible to accommodate a variety of scenarios. The planning team anticipates that vaccine supply will be limited initially, so the allocation of doses must consider the number of vaccine-enrolled providers and settings for vaccination of limited critical populations.

The vaccine supply is projected to increase quickly, allowing vaccination efforts to be expanded to include additional critical populations and the general public. Additionally, recommendations on the various population groups for initial doses of vaccine could change after the vaccine is made available, depending on each vaccine's characteristics, vaccine supply, disease epidemiology, and local community factors.

ADH's framework for the equitable distribution and administration of the vaccine focuses on reducing severe morbidity and mortality and negative societal impact due to the transmission of COVID-19. The goal of the COVID-19 vaccination program is to vaccinate all those who choose to be vaccinated and who do not have medical contraindications to the vaccine.

The following explains the phased approach per CDC and ACIP guidance, which are recommended based on "science, implementation, and ethics." Further ACIP recommendations are expected after the additional issuance of EUAs for vaccine candidates, which may alter the phased approach by adding phases or shifting of populations from phase to phase. *See Section 4 "Critical Populations" for more details about specific populations covered in each phase.*

• **Phase 1:** Limited and/or scarce supply of COVID-19 vaccine doses are currently available. Initial efforts are focused on reaching critical populations, ensuring vaccination locations selected can reach populations, managing cold-chain requirements, and meeting reporting requirements for vaccine supply and uptake. Vaccine administration strategies in Phase 1 are divided into three sub-phases:

- **Phase 1a**
  - Hospital employees.
  - Long-Term Care employees and staff.
  - Other healthcare workers including first responders.

- **Phase 1b**
  - Persons aged 70 years and older
  - Teachers and school staff
  - Essential priority workers (as defined by ACIP and directed by the state)

- **Phase 1c**
  - Persons aged 65 to 69 years old
  - Persons aged 16 to 64 years old with high-risk medical conditions

▪ Other essential priority workers (as directed by the Governor through the ADH Secretary of Health/Director and defined by ACIP)

**See Appendix I: ADH COVID-19 Vaccination Phase Schematic for Phases 1a, 1b, and 1c below.*

• **Phase 2:** Larger number of vaccines are available. The focus is on ensuring access to vaccine for members of Phase 1 critical populations not yet vaccinated and extend efforts to reach Phase 2 critical populations.

• **Phase 3:** In phase 3 vaccine will become more available as it is anticipated that other COVID-19 vaccine manufacturers will have approved vaccines available**.** The focus is to vaccinate the remainder of the healthy population. This phase is anticipated to be the routine/normal vaccination process medical professionals are accustomed to. As each phase progresses, the vaccine administration planning team will begin planning to vaccinate the next priority group.

ADH hopes to achieve the overarching goal of herd immunity for the state. Throughout each phase of COVID-19 vaccine administration, enrolled vaccine providers must ensure equitable allocation and administration of the vaccine to all identified priority groups.

ADH will continue to monitor COVID-19 vaccine orders by assessing ordering reports supplied by the immunization information system, WebIZ. ADH will also monitor vaccine uptake and coverage and reassess strategies to increase uptake in populations and/or communities with low vaccine coverage.

ADH will use vaccine wastage reports provided to minimize waste. In situations where there is low COVID-19 vaccine demand, counties should monitor their supply and adjust strategies to avoid vaccine waste.

Process for Phase 1b.

The step-by-step process for Phase 1b to coordinate vaccines with a registered provider/pharmacy is below. Phase 1c and Phase 2 will have a similar structure. Critical infrastructure groups are as follows:

1. Each employer of workers in 1b should poll their employees to determine the number of workers who wish to receive the vaccine.

2. The number of expected persons to be vaccinated should then be submitted to an eligible local vaccine-enrolled provider on department letterhead. The memo should include the desired location for vaccine administration The list of eligible vaccine-enrolled providers is in a link in Appendix H.

3. The vaccine-enrolled provider will load the number of doses needed into WebIZ and request a Vaccination Strike Team if desired.

4. ADH will receive the orders via WebIZ, the orders will be validated and depending on vaccine availability the ADH will place the order in CDC's vaccine ordering system (VtrckS). If requested ADH will notify a mobile vaccination team (Vaccination Strike Team) of a pending event. This allows the scheduler of the Vaccination Strike Team to coordinate a vaccination schedule between the vaccine-enrolled provider and the organization to be vaccinated.

5. ADH will notify the vaccine-enrolled provider of the number of doses to expect for delivery.

6. The vaccine-enrolled provider will notify the organization to be vaccinated they will be receiving doses.

7. The vaccine-enrolled provider and the organization will confirm details for administration of the doses (location, date/time, etc.)

8. Vaccine arrives to vaccine-enrolled provider.

9. Ancillary kit arrives to vaccine-enrolled provider.

10. Vaccine-enrolled provider and the organization execute the administration of the doses.

Individual Vaccination Coordination Process

The Arkansas Department of Health shall collaborate with hospitals, clinics, pharmacies, etc., to ensure vaccine availability for Arkansas residents in Phase 1b that are 70 years of age and older. This process would also apply to those individuals that are 65-69 years of age and individuals that are 16-64 (16 years of age for the Pfizer-BioNTech and 18 years of age for Moderna) with a chronic illness in Phase 1c.

**See Appendix H: COVID-19 Vaccine Coordination Process for Groups and Individuals*

Second Vaccine Dose Ordering

The trigger to order the second dose within VTrckS is **two weeks (14 calendar days) after** the primary (first) dose was ordered. Pharmacies must internally manage first doses versus second doses to ensure second dose availability.
(See Appendix G for the Vaccine Ordering Process for Pfizer-BioNTech and Moderna).

Decision Point to Transition to the Next Phase

The Secretary of Health, in consultation with the Governor, may decide to move to additional phases or include other populations for vaccination when:

- **70%** of individuals estimated to be willing to receive the COVID-19 vaccine in their respective group and within their particular phase have been vaccinated.

- A sustained decrease in vaccination demand in a given county is noted.

Tiberius is the system of record for determining the estimated vaccination population within each phase. **WebIZ** will then be used to determine when the state has reached the 70%—of the population willing to receive the vaccine—transition point. The approval or decision authority to move or not move to another phase resides solely with the Governor through the Secretary of Health.

In the event a county or counties reach 70% vaccinated before another and is/are ready to move on to the next phase, the Governor may: (1) Allow that county/counties to move forward for all groups in the next phase or (2) Allow the county/counties to move forward with specific high-risk groups in the next phase and (3) Have the entire county/counties wait until the entire state is ready to move to the next phase. Option three affords the greatest synchronization, status, and tracking of vaccines administered throughout the state.

Finally, ADH will provide COVID-19 vaccine administration reports to the CDC as required. *See Section 4 "Critical Populations" for more information including estimated population numbers.*

Section 4: Critical Populations

The CDC has established an ACIP working group to review evidence on COVID-19 epidemiology and burden, vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for a COVID-19 vaccination policy. ACIP has developed a framework to determine populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination across the United States. ADH may reference ACIP framework for initial allocation and prioritization. ACIP may recommend additional guidance that could shift priority populations. The priority populations listed below are for planning purposes and are subject to change as more is learned about the effects of COVID-19 and the effectiveness of vaccines in different populations and as further federal guidance may be issued.

Tiberius was specifically developed as a free Vaccine Allocation Planner for COVID-19 for Operation Warp Speed. It pulls data for each of the critical populations from various federal, state, and other datasets. The methodology for these allocation calculations can be found in that planning document. The State will use this tool to inform critical population sizes.

ADH will continually review additional guidance provided by the federal government and updates to ACIP recommendations regarding allocation priorities and the populations that will be served successively as vaccine supplies increase. Among the factors that ADH is expecting to consider are health disparities and other health-access issues; individuals at higher risk (e.g., elderly and those with underlying health conditions), occupations at higher risk (e.g., healthcare personnel and priority industries), populations at higher risk (e.g., racial and ethnic groups, incarcerated individuals, and residents of nursing homes), and geographic distribution of active virus spread. ADH will give ACIP recommendations strong consideration for Arkansas citizens for vaccine prioritization. ADH will monitor national recommendations for changes that may occur and make recommendations to the Governor and Secretary of Health/Director as appropriate.

After the target priority groups have been vaccinated and additional vaccine stocks become available, ADH will ensure that communities suffering disproportionately from COVID-19—including communities of color, older adults, people with disabilities, and people with comorbidities—are prioritized appropriately for vaccination. ADH will work with local community partners and vaccine-enrolled providers to strategically target underserved populations for vaccinations. ADH will phase-in vaccination for the remainder of the population based on age or other criteria to ensure fair, equitable, and orderly distribution.

ADH will collaborate with vaccine-enrolled providers to ensure full coverage of vaccine, first to the designated priority groups, and then to the general public. ADH will utilize Tiberius to determine number, type, and location of each priority group in each county. As increased doses of vaccine becomes available ADH will coordinate with local

healthcare coalitions, local emergency management, and other response partners to develop local plans for mass vaccination clinics if indicated.

Recommendations for Phase 1 subset groups include the following (adjusted for ACIP recommendations and adapted from the ACIP Framework).

- Phase 1a:
    - Healthcare personnel are defined by the CDC as paid and unpaid workers in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. Inclusion in Phase 1a is not dependent upon payment for a person's work or job title. Situations associated with higher risk of transmission include caring for COVID- 19 patients. This includes:
        - Hospital Settings: nurses and nursing assistants, licensed independent practitioners, respiratory technicians, pharmacists, Emergency Medical Services (EMS), including fire department staff acting as EMS and air medical transport (rotor and fixed wing), COVID-19 sample lab workers, organ harvesters and students on clinical rotations. Other workers in hospital settings at elevated risk, such as environmental services staff, reception staff, X-ray technicians, phlebotomists, infectious waste workers, dietary staff, laundry staff, security staff, crisis intervention staff, interpreters, clergy/pastoral/chaplains.
    - Long-term care residents are defined by the CDC as adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently, and staff at Skilled Nursing Facilities, Assisted Living Facilities, and Residential Care Facilities
    - LTCF Staff: which includes nurses and nursing assistants, licensed independent practitioners, respiratory technicians, dentists and hygienists, LTCF staff, pharmacists, mental health clinicians, environmental services staff, reception staff, medical facility surveyor, dietary staff, interpreters, laundry and security staff.
    - Non-hospital healthcare: clinicians, such as nurses and nursing assistants, licensed independent practitioners (MD, NP, PA), respiratory technicians, dentists and hygienists, pharmacists, plasma and blood donation staff, morticians, public health nurses, home health staff, school nurses, optometrist, COVID-19 testing staff, dermatologist, dialysis staff, urgent care workers, corrections nurses/aides, physical/occupational/speech therapists, vaccine clinic workers, and EMS, including fire department staff acting as EMS and air medical transport (rotor and fixed wing).

- Other Congregate Care: nurses and nursing assistants, licensed independent practitioners (MD, NP, PA), respiratory technicians, group home/residential staff, pharmacists, environmental services staff, reception staff, home aide/caregiver, corrections nurses/assistants, congregate care surveyor, hospice and palliative care staff, and community health workers when acting as health aid or health translator.

- EMS, Fire, and law enforcement who serve as first responders.

  When vaccine is limited, priority should first be given to high-risk healthcare workers involved in direct patient care and those working in transport, environmental services, or other healthcare facility services where the risk of exposure to bodily fluids or aerosols exists. As more vaccine becomes available, all healthcare personnel in Phase 1a should have the opportunity to be vaccinated.

The following phases are the next most likely groups to be eligible to be vaccinated. These phases may be updated as further ACIP guidance is released and is dependent upon decisions made by the Secretary of Health and the Governor.

- Phase 1b: (further updates may be released for Phase 1b by the Arkansas Department of Health)

  - Persons aged 70 years and older

  - Essential priority workers: defined as those workers who are priority for the functioning of society, especially those employed in the following sectors:

    - Education, including teachers and support staff daycare workers
    - Food and agriculture, including veterinarians
    - Firefighters and police not vaccinated in 1a, including volunteers
    - Manufacturing
    - Grocery
    - Public Transit
    - Postal Service
    - Essential Government Workers
    - Corrections Officers

- Phase 1c: (further updates to be released for Phase 1c for the context of the Arkansas Department of Health).

  - Persons aged 65 to 69 years old

- Persons aged 16 to 59 years old with medical conditions that increase the risk for severe COVID-19. Conditions include obesity, diabetes, pulmonary disease, heart disease, hypertension, kidney disease, cancer, Down syndrome, immunocompromised, sickle cell disease, and pregnancy.

(Note: As of the date of this plan, only the Pfizer-BioNTech COVID-19 vaccine has been authorized for those under aged 16 years or older. Moderna's COVID-19 is authorized for 18 years and older.)

- Essential workers in transportation and logistics, water and wastewater, food service, shelter and housing (e.g., construction), finance (e.g., bank tellers), information technology and communications, energy, media, public safety (e.g., engineers), and public health workers.

- Phase 2: (more guidance to come pending ACIP recommendations and direction from the Secretary of Health and the Governor):

  - It is possible that Phase 2 will include the rest of the population aged 16 years and upward.

  - ACIP will make specific age recommendations as data become available.

Figure 1 - Estimated Population Size by Phase	
Phase 1a	
First Responders	21,665
Healthcare Workers	187,759
LTCF Residents	25,413
Nursing Home Occupants	14,199
	249,036
Phase 1b	
Food and Agriculture	47,424
Food Service Workers	107,872
Manufacturing Workers	35,322
Teachers and Staff	132,205
Priority government workers**	25,672
U.S. Postal Service Workers*	5,375
70 years and Older Population	336,524
Postal Delivery Services (FedEx, Amazon, DHL, UPS)	TBD
Correction Officers*	5,610
	846,412
*Added from Bureau of Labor Statistics, ** Added by Division of Commerce	
Phase 1c	
Energy Workers	22,992
65-69 years and older population	150,408
Public Health Workers	4,829
Finance Workers	51,688
Transportation and Logistics Workers	240,528
Public Safety Workers	8,560
IT and Communications Workers	19,535
Shelter and Housing Workers	75,201
Water and Wastewater Workers	1,484
	424,817
These numbers are slightly different based on populations listed.	
Total of these priority groups	**1,520,265**

Figure 1. Estimated Population Size by Phase (1a, 1b, and 1c).

Population estimates are adapted from the Vaccine Allocation Planning Tool (methodology), including 2020 Arkansas employment statistics, ACIP estimates, Federal estimates of LTC populations and 2019 Labor Force Statistics from Current Population Survey. Population-group categories are not exclusive and may not add to the total population (e.g., within Phase 1a, an individual may fall under “Long-Term Facility Staff” and under “Healthcare Personnel”).

Section 5: COVID-19 Provider Recruitment and Enrollment

An adequate network of trained, COVID-19 vaccination providers in accessible settings is critical to the COVID-19 Vaccination Program success. ADH's LHUs are enrolled providers. Hospitals and pharmacies across the state were enrolled to provide vaccinations to individuals in phase 1a. Additional medical clinics, health care providers, federally qualified health centers and pharmacies are eliglble to enroll to support vaccination of the remaining population groups. Geographic Information System (GIS) mapping will be used to identify gaps in coverage, and targeted recruitment efforts will be implemented to fill those gaps. ADH will use an electronic database to enter newly vaccine-enrolled providers and update it daily and submit it to the CDC. Provider requirements, health departments, hospitals, and others wanting to administer the COVID-19 vaccine, are as follows:

- All vaccine-enrolled providers must register in WebIZ and sign and return the CDC COVID-19 Vaccination Program Provider Agreement and Profile form electronically through WebIZ. LHUs, hospitals, and other vaccine administrators will order and receive the COVID-19 vaccine via WebIZ. Vaccine will be shipped directly from the manufacturer or distributor to the provider. Providers must be appropriately equipped to store the specific type of vaccine to be received.

- ADH should collaborate with enrolled providers within the county and with other potential vaccine providers that cater to critical infrastructure and/or essential priority workers in their county to ensure full coverage of vaccine first to designated priority groups and then to the general public.

- All enrolled providers must provide training to staff assigned as vaccinators and to other staff members assigned to assist with vaccine-administration operations.

- As part of the CDC COVID-19 vaccine provider agreement, the enrollee must attest to and agree to be able to receive the vaccine and agree to report to WebIZ within the designated ADH timeframe. Site visits are not required for COVID-19 vaccine providers, but the Chief Medical Officer associated with each site that signs the vaccine provider agreement must attest that he or she meets the requirements listed in the agreement. For vaccine administration tracking and reminders of a second dose, if indicated, all vaccine-vaccine-enrolled providers must use WebIZ.

  All vaccine-enrolled providers must report vaccine administration and on-hand inventory to ADH for tracking and reporting data elements as defined by the CDC in the timeframe specified by ADH. The CDC is using Vaccine Finder to help facilitate reporting of COVID-19 vaccine supply and, as appropriate, to help direct people to locations offering vaccine. All vaccine-enrolled providers must report supply information into Vaccine Finder (instructions from CDC will be forthcoming).

- All vaccine-enrolled providers must share with vaccine recipients the required EUA fact sheets and/or VIS on the vaccine administered.

- All vaccine-enrolled providers' plans must include procedures for reporting clinically important adverse events. Adverse events also will be monitored through VAERS and Vaccine Safety Assessment for Essential Workers (V-SAFE).

- All vaccine-enrolled providers must be registered in the HAN to receive vaccine guidance and critical updates on the COVID-19 vaccination administration mission.

Section 6: COVID-19 Vaccine Administration Capacity

With the assistance of numerous state agencies and professional organizations, ADH is recruiting and enrolling COVID-19 vaccination providers. These providers will vary in types and settings to address each of the previously described phases of vaccine availability.

ADH will use GIS mapping to identify the locations of organizations expressing initial interest in becoming COVID-19 vaccine providers. Additionally, ADH will utilize maps to indicate populations with a higher prevalence of conditions or circumstances that increase the risk of significant morbidity and mortality from COVID-19. Particular attention will be paid to those identified areas to ensure vaccine providers are recruited in sufficient number to vaccinate at-risk populations.

ADH plans to support the use of mobile vaccination teams, Vaccination Strike Teams, to support and provide vaccination clinics to defined targeted groups and populations and to deploy to areas affected by health inequity. This can occur in each of the phases when necessary.

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

The ADH Immunization Section will use WebIZ to coordinate ordering and tracking dispensed pandemic vaccines. Approved providers will place vaccine orders in WebIZ based upon projected need and usage rates. The ADH Immunization Vaccine Manager will review the orders in WebIZ and will log into VTrckS to order vaccines. Providers ordering vaccine will receive a system generated email from WebIZ informing them of what portion of their orders have been approved or are pending. Vaccine-enrolled providers will also receive a system generated email from VTrckS once their vaccine order has been shipped by the vendor. As vaccine supply increases the number of providers receiving vaccine will also increase.

In Phases 1b, 1c, 2 and 3, identified prioritygroups such as school districts and employers will be asked to survey employees and contact a vaccine-enrolled provider in writing, on official letterhead, with the number individuals to be vaccinated. A Strike Team may also be requested if the desired location for vaccine administration differs from the location of the vaccine enrolled provider. The identified vaccine-enrolled provider will then enter the surveyed numbers into WebIZ and submit the Vaccination Strike Team request. The ADH will then generate orders in VTrckS and allocate the additional resources if required.

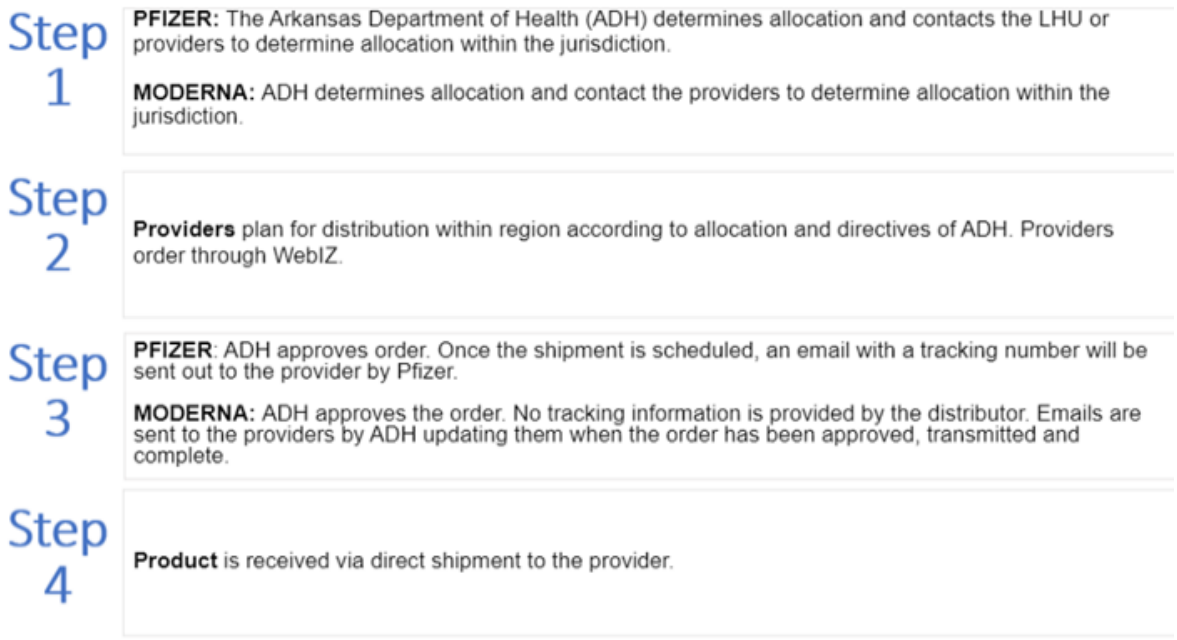


Figure 2: Arkansas Department of Health COVID Vaccination Allocation Steps

For refrigerated and/or frozen vaccine, approved vaccine orders—including the adjuvant, if necessary, and all ancillary supplies—will be shipped directly to vaccine-enrolled providers' designated locations. This shipment is executed by McKesson or the vaccine manufacturer and is expected to ship within twenty-four (24) hours of the order

being received through VTrckS. However, this timeframe is dependent on vaccine availability and the vaccine manufacturers ability to meet this timeline.

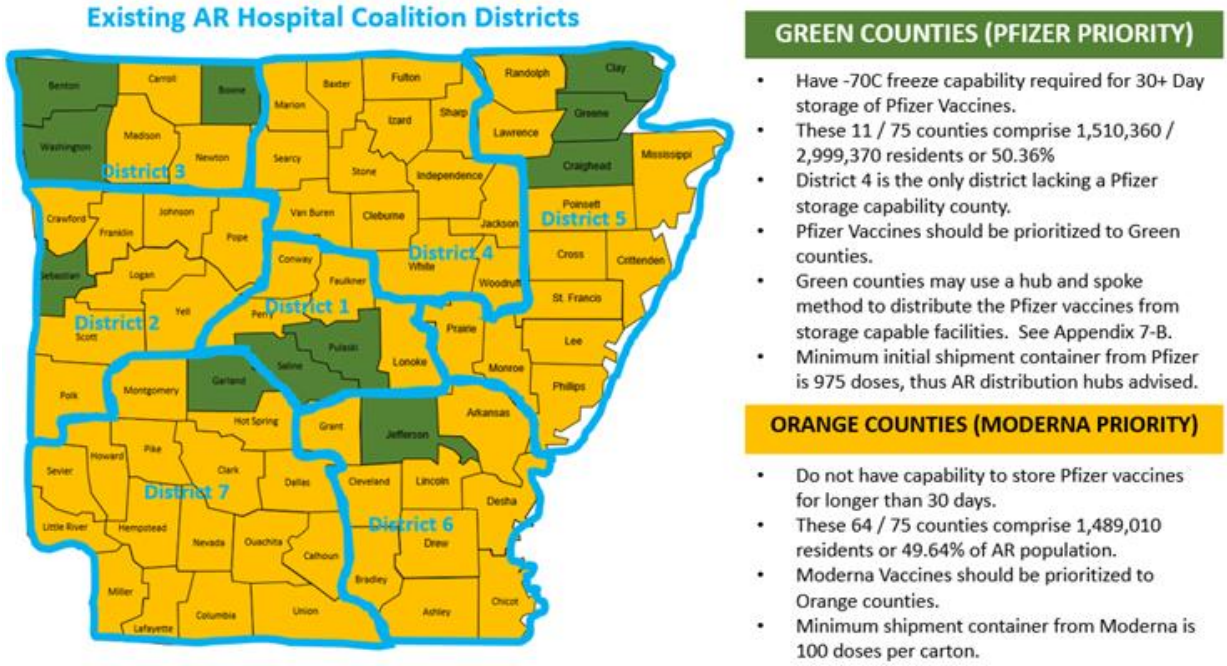


Figure 3: Existing Arkansas Hospital Coalition Districts
See Appendix C for Hub and Spoke Distribution Plan.

On initial distribution, Arkansas activated the ADH Emergency Operation Center (E OC) to support and monitor distribution of the vaccine. To ensure success of the mission, additional staff are utilized as needed and including, but not limited to, the following offices:

1. The ADH Immunization Branch, which is the lead for processing and approving vaccine orders. The Immunization Branch will also be responsible for monitoring patient tracking and for monitoring adverse events reporting. The Immunization Branch is also responsible for liaising with vaccine-enrolled providers in each of the healthcare coalition regions and public health regions, by vaccine-enrolled provider type. This group will be led by regional staff who have experience working with LHUs, hospitals, long-term care facilities, and the healthcare coalitions.

2. ADH administration staff, which is responsible for assisting in COVID-19 vaccine provider enrollment and technical support. This group will be led by the Vaccine Administration Section.

3. The Distribution Group, which is responsible for tracking COVID-19 vaccine orders shipped directly from the manufacturer to vaccine-enrolled providers. ADH staff familiar with distribution operations will lead.

4. Vaccination Strike Teams, which will be coordinated as needed by the Vaccine Administration Section, in coordination with the ADH EOC.

Adult ancillary supply kits shipped by McKesson will include the following:

- Moderna Vaccine ancillary supply kit for 100 doses:

    1. 85 needles (22-25G x 1”)
    2. 20 needles (22-25G x 1.5”)
    3. 105 syringes (1 mL or 3 mL)
    4. 210 alcohol pads
    5. 100 vaccination record cards, for each vaccine recipient
    6. 1 needle gauge and length chart
    7. Limited supply of personal protective equipment (PPE), such as surgical masks and face shields for vaccinators. Each ancillary kit contains 4 surgical masks and 2 face shields.

- Pfizer-BioNTech Vaccine ancillary supply kit for 975 doses:

    1. 829 needles (22-25G X 1”)
    2. 200 needles (22-25G X 1.5”)
    3. 205 mixing needles (21-25G X1.5”)
    4. 1,024 syringes (1 mL)
    5. 205 syringes (3 mL or 5 mL)
    6. 2,458 alcohol pads
    7. 1000 vaccination record cards, for each vaccine recipient
    8. 200 Diluent vials
    9. 10 needle gauge and length charts
    10. Limited supply of personal protective equipment (PPE), such as surgical masks and face shields for vaccinators. Each ancillary kit contains 40 surgical masks and 20 face shields.

Vaccine-enrolled providers will be responsible for procuring sharps containers, gloves, and bandages. Providers may need to plan for additional PPE, depending on vaccination site needs. Minimum order size for CDC–distributed vaccine will be 100 doses per order for vaccines stored at refrigerated (2 ºC to 8 ºC) or frozen (-20 ºC) temperatures. Minimum orders for ultra-cold vaccines that are shipped directly from the manufacturer will be 975 doses per package and will be shipped in special shipping containers containing dry ice.

Vaccine Allocation

In Phase 1a the federal government determined the amount of COVID-19 vaccine designated for each state. Using this allotment, ADH will managed and approved orders from vaccine-enrolled providers. Due to limited vaccine allocation the ADH Vaccination Program determined the allocation for priority groups and counties.The amount allotted

may change over time and may be based on critical populations recommended for vaccination, COVID-19 vaccine production and availability, and overall population of the county. Federal agencies and additional commercial partners will also receive allocations directly from the CDC once larger volumes of vaccine are available. The CDC is currently developing procedures to ensure that counties have full visibility into COVID-19 vaccine supply and vaccination activities among these entities located within their boundaries. Coordination among providers at the county and local level is encouraged

1. ADH will estimate overall allocations of COVID-19 vaccine based on the size of critical population groups within each county and weigh that allocation using the COVID- 19 Community Vulnerability Index (CCVI).

2. Tiberius is designed to calculate each county's allocation and will be used for this event. The tool will list public health areas of responsibility, all eligible vaccine-enrolled providers in each county, and their vaccine administration capacity to efficiently allocate the vaccine in real-time as information is received from the CDC.

3. Each county should anticipate that allocation strategies may shift during the response based on supply, demand, and needs within the state.

4. Federal entities, including the Federal Bureau of Prisons, U.S. Department of Defense, the U.S. Department of State, and the U.S. Department of Veterans Affairs, will receive direct allocation of COVID-19 vaccines from the CDC. Vaccine allocation to these federal entities will not count against a county's vaccine allocation. Federal agencies that are involved in the response but not listed above should work with the state immunization program to ensure their staff is included in the plans for vaccination.

5. LTCFs may elect to receive allocations through CVS/Walgreens pharmacies directly allocated by CDC. Other LTCFs may elect to have agreements with pharmacies that specialize in long-term care.

Vaccine Arrival and Distribution

All vaccine-enrolled providers must have adequate plans in place to receive vaccine and the ancillary supplies shipped directly to their facility and/or other requested sites. All of the vaccination provider's plans and agreements must be submitted to ADH as required. Providers must adhere to the CDC's requirements for storage and handling of the different types of vaccines. Providers willing to administer the vaccine continue to be enrolled in WebIZ and agree to requirements for receiving, storing, administering, and tracking vaccine administration.

Note: *Ultra-cold vaccine will be initially distributed through a centralized "hub and spoke" distribution model.*

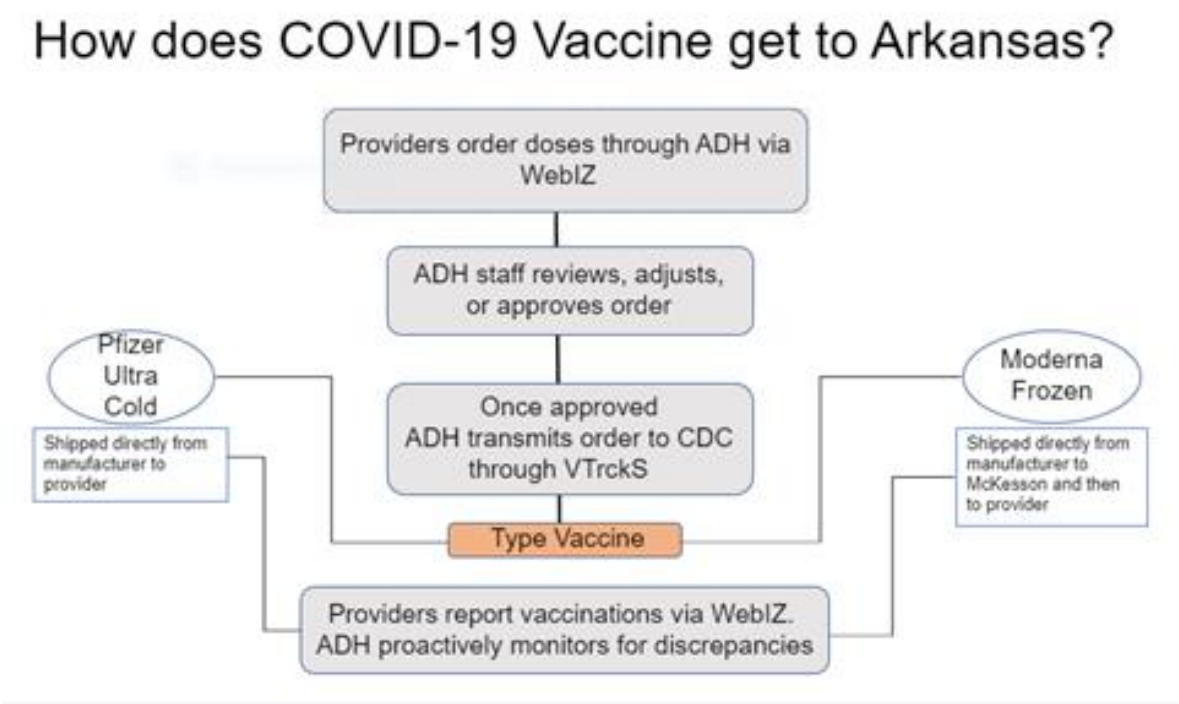


Figure 4: COVID-19 Vaccinations Transportation

Vaccine delivery

- Ultra-cold frozen and frozen vaccines
    - Private carriers currently perform distribution and delivery to each vaccine-enrolled provider. Vaccine will be sent directly to vaccine-enrolled providers for administration or to designated hubs for redistribution to administration sites. Once a load of vaccine is shipped to a vaccine-enrolled provider site, the federal government will not redistribute the product.
    - Providers must ensure proper equipment is in place and have developed plans to receive the vaccine directly from McKesson or the vaccine manufacturer at their designated site(s).
    - To reduce waste, if a vaccine-enrolled provider has vaccine that cannot be utilized in the given priority population, the provider shall contact ADH to allocate extra doses with sufficient shelf life for transportation and administration for redistribution. Redistribution forms must be signed by the sending and receiving sites, and approved by the ADH before vaccines are moved.
    - With ADH approval providers may redistribute vaccines while maintaining the cold chain. With the challenge of meeting cold chain requirements, vaccine-enrolled providers should limit any redistribution to refrigerated vaccines only.

- Any necessary further distribution to sub-sites within the counties must be approved by the ADH.
- If redistribution is not possible for an vaccine-enrolled provider, or if the vaccine's shelf life does not facilitate a safe transfer, providers should administer the vaccine to the next priority group in the following phase to prevent vaccination waste; i.e., if in Phase 1a with a lack of 1a populations to utilize the surplus vaccine, the vaccine-enrolled provider should then move to Phase 1b in order not to waste the vaccine. If this occurs, the vaccine-enrolled provider shall notify the ADH.

- Any wastage of doses must be reported in WebIZ. The reason for wastage must be specified.

- **Pfizer-BioNTech**

  - A centralized distribution model ("hub and spoke") will be executed for initial distribution of Pfizer-BioNTech ultra-cold vaccine. With the initial scarcity of vaccine supply to the state of Arkansas and the minimum order size of 975 doses, this is the model to ensure wide-scale vaccine distribution without vaccine waste. This model also ensures the following:

    Vaccines are maintained at the appropriate temperature of -60 ºC to -80 ºC , upon arrival, to ensure vaccine integrity;

    - Logistical and resource complexity on counties are reduced;

    - The integrity of the vaccine during shipping due to ultra-cold requirements is ensured;

    - Vaccines needing to be held and/or stored will be kept in ultra-cold vaccine freezers to decrease the amount of dry-ice consumption needed for local operations and to ensure vaccine integrity; and

    - Counties not meeting the 975 minimum dose allocation can still receive vaccine.

  - **See Appendix C: Hub and Spoke Counties and Vaccine-enrolled providers.**

  - Once vaccine is removed from ultra-cold storage, this will "start the clock" and be the first day of the five- (5) day window (120 hours total) to use the Pfizer-BioNTech vaccine at the refrigerated temperature of 2 ºC to 8 ºC. COVID-19 vaccine cannot be re-frozen.

- Once vaccine arrives at the provider, it should be transferred to an ultra-cold storage container, and the shipping box and equipment must be returned to the manufacturer via a return shipping label and instructions that will be included with the shipment.

- **Moderna**

  - The minimum order size is 100 doses.

  - Vaccines are maintained at the appropriate temperature of -25 ºC to -15 ºC, frozen upon arrival, to ensure vaccine integrity.

  - Vaccines needing to be held and/or stored will be kept in vaccine freezers.

  - Providers not meeting the 975 minimum dose allocation or the ultra-cold storage requirement for Pfizer-BioNTech will receive this vaccine.

The state conducted an initial baseline survey of ultra-cold storage capability across the State of Arkansas, identifying capability and capacity in locations such as hospitals, LHUs, and higher education institutions. These locations have been identified to act as contingency ultra-cold storage locations should additional capacity be needed.

Inventory Management

ADH will monitor a database inventory, maintained by the vaccine-enrolled providers, of each dose of vaccine that is shipped from the manufacturer or distributor to vaccine-enrolled providers. Sites will maintain a database inventory of vaccine in stock, manufacturer name, lot numbers, expiration dates for each lot, and a record of each dose of vaccine used. Vaccine-enrolled providers will be required to report inventory of COVID-19 vaccines in WebIZ. The ADH Quality Assurance Review Team (QART) will verify vaccine-enrolled providers' daily updates of WebIZ. Doses will automatically deduct from inventory in the system once the data is entered in WebIZ.
Note: If patient data is entered as historical, then the vaccine-enrolled provider will have to manually adjust the inventory.

Unplanned Repositioning

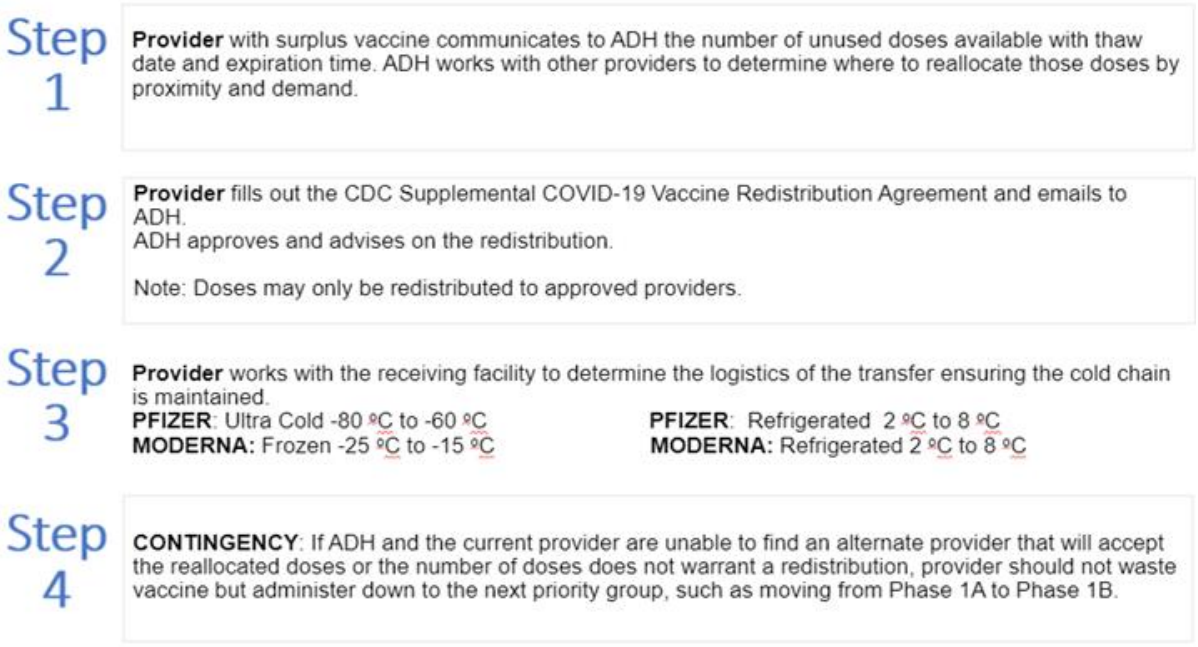


Figure 5: Arkansas Department of Health Surplus Vaccine Redistribution Steps

Ultra-cold frozen and frozen vaccine will only be redistributed with the approval and involvement of ADH. Proper forms and approval must be completed prior to redistribution of any vaccine. Providers are expected to contact ADH in the event unplanned repositioning is necessary to prevent waste of vaccine.

All vaccine-enrolled providers will receive an educational packet that includes the expectation and program contact information once enrolled into the COVID-19 Vaccination Program. All COVID-19 vaccine transfers will be conducted with the assistance of ADH. Digital Data Loggers (DDLs) will always remain with the vaccine before, during, and after transfer. All transport requirements and recommendations outlined in Section 6 of the CDC's Storage and Handling Toolkit will be followed. Once vaccine has been redistributed, a final inventory reconciliation will be conducted and documented in WebIZ. Once vaccine transfer is complete, the reconciled inventory will be transferred and accepted by the receiving facility's inventory.

For redistribution see: Appendix J: CDC Supplemental COVID-19 Vaccine Redistribution Agreement.

In the event of a temperature excursion, contact the manufacturer per their instructions or cvdvaccine.com (for Pfizer-BioNTech) or at modernatx.com (for Moderna).

ADH plans to minimize redistribution of COVID-19 vaccine by ensuring appropriate allocation to vaccinating partners; however, redistribution may be necessary to meet

equitable access of vaccine. Redistribution will be centrally coordinated by ADH. Depending on the circumstances, vaccine may be transported by ADH staff or other designated and approved vaccine-enrolled providers.

Section 8: COVID-19 Vaccine Storage and Handling

COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit risk of administering COVID-19 vaccine with reduced effectiveness. All storage requirements and recommendations outlined in Section 6 of the CDC's Storage and Handling Toolkit will be followed. Additionally, vaccine-enrolled providers must review data-logging equipment logs regularly and maintain copies per the vaccine-enrolled provider agreement to validate compliance. Providers must also record the minimum and the maximum temperature twice daily, once in the morning and once in the afternoon. ADH will only allow sites to order vaccines if they can guarantee appropriate temperatures are maintained. Providers will comply with ADH and CDC enrollment process requirements.

Cold chain storage and handling requirements for COVID-19 vaccine products will vary in temperature from ultra-cold freezer (-60 ºC to -80 ºC) or within a dry-ice shipping container or frozen (-15 ºC to -25 ºC) in a freezer. Once vaccine is removed from these temperatures and placed in a refrigerator (2 ºC to 8 ºC), storage and handling requirements change for vaccine usage and storage. Once Pfizer-BioNTech vaccine is refrigerated it is viable for five (5) days (120 hours). Once Moderna vaccine is refrigerated it is viable for up to thirty (30) days. Manufacturer ongoing stability testing may affect these requirements.

The cold chain begins at the COVID-19 vaccine manufacturing plant, includes delivery to and storage at the COVID-19 vaccination vaccine-enrolled provider site, and ends with administration of COVID-19 vaccine to a person. Providers are responsible for maintaining vaccine quality from the time a shipment arrives at their site until the dose is administered. Providers will minimize opportunities for breaks in the cold chain. Pfizer-BioNTech and Moderna COVID-19 vaccine will be delivered directly to the location where the vaccine will be stored and administered. ADH has a means to store vaccine if an "unplanned repositioning" of vaccine is required. ADH has procured resources to assist in adherence to all cold-chain requirements, including ultra-cold storage capacity.

Satellite, Temporary, and Off-site Clinics

Satellite, temporary, and off-site vaccination clinics play an important role in improving vaccination coverage rates and vaccinating hard-to-reach populations. Vaccine-enrolled providers are encouraged to discuss and coordinate these clinics with ADH. Vaccination clinics held in these settings have unique challenges, and vaccine-enrolled providers must follow specific guidelines provided by the manufacturers and CDC for managing vaccine.

To better assist with this situation, the following will be required:

1. The quantity of COVID-19 vaccine transported to a satellite, temporary, or off-site COVID-19 vaccination clinic will be based on the anticipated number of COVID-19 vaccine recipients and the ability of the vaccination vaccine-enrolled provider to store, handle, and possibly transport the vaccine appropriately. This is priority to minimizing vaccine wastage and spoilage.

2. COVID-19 vaccines may be transported—not shipped—to a satellite, temporary, or off-site COVID-19 vaccination clinic setting using vaccine transportation procedures outlined in the COVID-19 addendum to CDC's Vaccine Storage and Handling Toolkit. The procedures will include transporting vaccines to and from the provider site at appropriate temperatures, using appropriate equipment, and monitoring and documenting temperatures.

3. Upon arrival at a COVID-19 vaccination clinic site, vaccines must be stored correctly to maintain appropriate temperature, checked and documented hourly throughout the clinic day.

4. Temperature data must be reviewed and documented according to guidance in the COVID-19 addendum to CDC's Vaccine Storage and Handling Toolkit.

5. At the end of the clinic day, temperature data must be checked and documented prior to returning vaccine to fixed storage units to prevent administration of vaccines that may have been compromised.

6. As with all vaccines, if COVID-19 vaccines are exposed to temperature excursions at any time, the temperature excursion should be documented and reported to the manufacturer to determine vaccine viability. Vaccine must be labeled "Do Not Use" and cannot be administered until viability is determined by the manufacturer. Cold-chain maintenance at individual vaccine-enrolled provider locations will require appropriate vaccine storage and temperature-monitoring equipment, trained provider staff, and consistent, accurate inventory management as already discussed. Facilities identified as having these issues will be reviewed on a case-by-case basis and will risk having their vaccines reallocated to other facilities if these issues are not corrected or if it is determined that the facility is negligent in its handling of vaccines.

Section 9: COVID-19 Vaccine Administration Documentation and Reporting

Arkansas will use WebIZ, the State's Immunization Information System, to collect information about COVID-19 vaccine doses administered by vaccine-enrolled providers, which will be uploaded to CDC. ADH ensures that each COVID-19 vaccine-enrolled provider is ready and able to report required COVID-19 vaccine administration data elements to WebIZ as part of the COVID-19 provider-onboarding process. As COVID-19 vaccine-enrolled providers go through the onboarding process, ADH ensures that every provider meets three overall requirements: the COVID-19 Provider Agreement and Profile has been completed and signed, the facility where the vaccine will be stored meets storage and handling requirements, and the facility and its staff are registered as WebIZ users.
(For Web-IZ information and enrollment see the ADH WebIZ Enrollment Homepage or Appendix K of this document).

Vaccine Administration Reporting

1. ADH is required to submit daily inventory reports to CDC. Daily reports must be submitted to CDC by 4:00 p.m. CST. Reporting frequency and required data metrics will be updated as more guidance is received from CDC.

2. Providers are required to submit daily accountability reports to ADH in the format requested. Reports must be submitted by 8:00 p.m. CST daily. Reporting frequency and required data metrics will be updated as more guidance is received from CDC.

3. ADH will create reports that evaluate timeliness and completeness of reporting of COVID-19 vaccine administration at the organization and facility level. QART will reach out to COVID-19 providers who are not reporting every 24 hours and help with troubleshooting barriers to successful reporting. All providers must abide by CDC and ADH program requirements to be authorized to receive vaccine. ADH may terminate the provider agreement if requirements are not met.

4. ADH will regularly pull reports from WebIZ identifying how many vaccines have been administered, how much vaccine is on hand, and vaccination administration versus documentation entry timestamps. This will provide insight into accurate and complete documentation.

Vaccine Administration Tracking

1. At the provider level, WebIZ will be available in Arkansas for patient vaccine administration tracking. WebIZ may be used to track individual patient information for a reminder/recall notification for additional doses.

2. All providers must plan to use WebIZ for vaccine-administration tracking. Providers may use their Electronic Medical Record (EMR) systems if they have their systems connected and reporting to WebIZ.

3. Vaccine administration tracking in WebIZ is priority to the COVID-19 vaccine campaign for several reasons. Currently, each person will need to receive two doses from the same manufacturer and same provider separated by 21 or 28 days (as dictated by the manufacturer), and the vaccine administration record will assist providers of the second dose with identifying the correct vaccine for the patient.

4. Vaccine administration data must to be tracked in order to ensure accurate reporting of adverse events.

5. This reporting provides assurance that all priority groups have adequate access to the vaccine and that enough of the population can be vaccinated in a timely fashion.

6. One of the needed outputs from WebIZ is to determine gaps in vaccine administration across geographic or demographic populations to inform focused outreach efforts.

Section 10: COVID-19 Vaccination Second-dose Reminders

Each participating provider will be required to complete the CDC's COVID-19 Vaccination Program Provider Agreement and Provider Profile forms prior to receiving publicly funded COVID-19 vaccines. The provider must administer COVID-19 vaccine in accordance with all agreement requirements and recommendations of CDC and in accordance with the Advisory Committee on Immunization Practices (ACIP). Each provider must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS) to each vaccine recipient/adult caregiver accompanying the recipient or other legal representation before administering any COVID-19 vaccine.

When a vaccine-enrolled provider completes and signs/acknowledges the vaccine-enrolled provider agreement, they are consenting to comply with the agreement requirements listed. The vaccination consent form, when completed and signed by the vaccine recipient, indicates the vaccine recipient has read and/or been provided an explanation of the information for the respective EUA vaccine and authorizes the provider to administer the COVID-19 vaccine.

For an adequate immune response, individuals may be required to take two doses of the COVID-19 vaccine administered approximately twenty-one (21) to twenty-eight (28) days apart. If two doses are required, it will be necessary to ensure that vaccinated persons return for the second dose.

Providers will make sure that each person receives documentation of vaccination at the time of administration that includes the vaccine manufacturer name, lot number, dose, site, and date of vaccination for the patient's records and the date when the second dose is due. This documentation may be a COVID-19 vaccination record card provided as part of vaccine ancillary kits by CDC, a vaccination record card provided by ADH, or a printed copy of proof of vaccination from the vaccine-enrolled provider's electronic health record (EHR) or WebIZ.

COVID-19 vaccine-enrolled providers are encouraged to schedule the patient's second-dose appointment at the time of delivering the first dose. Providers are required to use WebIZ to track initial and follow up doses.

ADH will continue to work with Public Information Officers (PIOs) to develop vaccination communication plans (COMPLAN) to keep Arkansas residents informed of overarching phases of the operation, contact numbers, and messaging about the importance of second doses.

Section 11: COVID-19 Requirements for IISs or Other External Systems

Immunization registries, also known as Immunization Information Systems (IIS), are defined by the CDC as confidential, population-based, computerized databases that record all immunization doses administered by participating vaccine-enrolled providers to persons residing within a given geopolitical area. Immunization registries offer a consolidation of patient immunization records. Compiling all immunizations in one database allows easy access for healthcare providers. Certificates for proof of immunization are also easier to obtain for the purposes of school and childcare centers. The registry also offers timely reminders for vaccines coming due for patients.

WebIZ is a web-based immunization record-sharing application used by ADH that allows public and private healthcare providers to share immunization records of State residents with other Licensed Independent Practitioners statewide. WebIZ is able to capture standard data elements submitted via a Health Level Seven (HL7) message format, including patient demographic information such as name, date of birth, race, ethnicity, address, and sex. WebIZ is also able to capture and store detailed vaccine administration information such as the lot number, vaccine expiration date, precautions and contraindications, and additional data requirements set by the CDC. ADH plans to capture two additional fields—race and ethnicity—during the COVID-19 vaccination campaign. All vaccine-enrolled providers should strictly adhere to the use of WebIZ for ordering, tracking vaccine administration and to report on-hand inventory back to ADH.

- WebIZ is the state's IIS and will be the primary system used by local healthcare officials to order and track COVID-19vaccine administration during an event in Arkansas. WebIZ works by taking in data from a variety of sources, consolidating data into high-quality patient immunization records, applying vaccine evaluation and forecasting algorithms, and transforming this data into actionable information for clinicians, public health practitioners, and other IIS users to support immunization practice and improvement in one secured system.

  Some functions support overall operations, such as establishing interoperable connections with other systems and deduplication functionality for achieving high data quality. Other functionality supports clinical decision making for an individual patient, assessment of vaccine coverage rates for groups of patients or populations, reminder and/or recall outreach to improve vaccination rates, and management of vaccine inventory. For access, all WebIZ providers must be preauthorized via the ADH Immunization Program.

  Enrolling in WebIZ to receive COVID-19 vaccine is a two-step process:
  - Step 1: Complete the required enrollment forms to become a WebIZ provider.

  - Step 2: Complete the fillable CDC COVID-19 Vaccine Provider Agreement and Profile form within WebIZ to order and receive the vaccine. This

includes agreeing to follow proper storage and handling procedures for each vaccine received.

Three documents are required to register an organization for WebIZ access:

- The Provider Site Enrollment form
- The Web Portal Registration Authority Agreement (PRA). Each intended user should follow the ADH web portal online registration process to create a username and password.
- The Individual User Agreement form stating and agreeing to ADH security and confidentiality policies

The COVID-19 Vaccine Providers Program Process and Guidance document is in development. The purpose of this document is to outline requirements for approval to access WebIZ, levels of access available, roles in WebIZ, suggestions on who should have WebIZ access, frequently asked questions, and an online WebIZ training video.

The Mass Immunization Module is an integral part of and is built into the IIS, eliminating the need to build an interface. The Mass Immunization Module allows for faster data entry during vaccination events as lot number defaults are added prior to conducting these events. Setting the default lot number(s) results in the lot number being automatically populated in the patient's record. When the administered vaccine and lot number are added to the patient record, the vaccine dose is subtracted from the inventory, maintaining vaccine dose accountability and accurate inventory management.

In the event that WebIZ is unavailable, vaccine administration information will be recorded on paper logs or in Excel spreadsheets that will be transcribed into the IIS when access returns. Planned contingencies for network outages or other access issues ensure that blank vaccine administration sheets are available in hard copy (i.e., as paper copies) and in soft copy on the vaccination user desktops and laptops (i.e., in Excel spreadsheets). All data gathered about vaccine administration is confidential and subject to state and federal privacy laws (e.g., the Health Information and Portability and Accountability Act [HIPAA], the Communicable Disease Code, etc.).

Receive Inventory Transfer

When to use this method:

This method is used to add vaccine inventory to on-hand when it already exists in another inventory location's inventory on-hand and has been transferred to an inventory location within your Provider. Vaccine inventory can be transferred between inventory locations at the same Provider. Vaccine can also be transferred from one Provider to another. The steps to receive vaccine inventory transfer are the same, regardless of which Provider initiated the transfer.

How to use this method:

1. Upon logging into the system, select your **Provider** and **Clinic** on the *Home* screen.

2. Navigate to the *Vaccine Inventory On-Hand* screen by selecting **Inventory** > **Vaccines** > **On-Hand** from the left-hand menu.

3. Click the **There are X Pending Inventory Transfers** link.

4. A list of pending incoming inventory transfers displays.

5. Click the **Received** button next to the vaccine to be added to inventory on-hand.

6. Enter the date on which the vaccine was received into inventory on-hand. The **Received Date** must be entered in MM/DD/YYYY format. Double-click the **Received Date** field to auto-populate the current system date.

7. Click the **OK** button to complete the transaction and add the vaccine to inventory on-hand.

8. Click the **On-Hand** menu item to return to the *Vaccine Inventory On-Hand* screen where you can verify the inventory was added correctly.

Transfer Inventory to Other Location

When to use this method:

When a provider/clinic has excess inventory or needs to move inventory to another location, a user with the appropriate security permissions may create an inventory transfer. The inventory included in the transfer will automatically be decremented from the source inventory location when the transfer is created. Once the receiving inventory location accepts the transfer(s), the vaccine(s) are added to inventory on-hand.

How to use this method:

1. Upon logging into the system, select your **Provider** and **Clinic** on the *Home* screen.

2. Navigate to the *Vaccine Inventory On-Hand* screen by selecting **Inventory** > **Vaccines** > **On-Hand** from the left-hand menu.

3. Click the **Action** button and select **Transfer**.

4. Use the drop down menu to select a destination **Inventory Location**, i.e., the location that will receive the transfer.

5. Complete all required fields, which are indicated by bold field labels and red asterisks:

    - The **Date** field defaults to the current system date, but can be changed to reflect the date of the transfer. (When manually entering a date, it must be entered in MM/DD/YYYY format. It is only required to enter the digits, as the system automatically formats the date.)

    - The Source Inventory Location fields, including **Inventory Location**, **Vaccine | Mfg. | NDC**, **Lot Number**, **Expiration Date**, **Funding Source**, **Doses On-Hand**, and **Container Id**, auto-populate in read-only format.

    - Select the **Destination Inventory Location**.

    - Enter the number of doses being transferred in the **Doses Transferred** field.

6. Complete any optional fields, if needed.

7. Click the **Create** button.

8. The *Vaccine Inventory On-Hand* screen automatically displays.

9. A **Pending Inventory Transfer** notification displays at the top of the screen.

10. Click the **Pending Inventory Transfer** link to view the newly created Inventory Transfer.

Create Vaccine Shipment

When to use this method:

When a clinic needs to transfer multiple vaccine inventory line items to another inventory location in the IIS, users with appropriate security permissions may create a Vaccine Shipment. The inventory included in the Vaccine Shipment will automatically be decremented from the source inventory location when the shipment is created. Once the receiving inventory location accepts the transfer(s), the vaccine(s) are added to inventory on-hand.

How to use this method:

1. Upon logging into the system, select your **Provider** and **Clinic** on the *Home* screen.

2. Navigate to the *Vaccine Inventory Shipment* screen by selecting **Inventory** > **Vaccine Shipments** from the left-hand menu.

3. Click the **Add Inventory Shipment** button.

4. Enter the **Shipment Date**, i.e., the date on which the vaccine was transferred to the Destination Inventory Location.

5. Complete any optional fields, such as **Comments, Carrier/Other Carrier, Truck Type/Other Truck Type, License Plate, Driver's Name,** and/or **Driver's Phone**.

6. Select the **Source Inventory Location** to display vaccine inventory on-hand.

7. Optional: Select a **Funding Source** to filter the vaccine inventory on-hand displayed.

8. Select the **Destination Inventory Location**.

9. Enter the dose **Quantity** for each vaccine inventory line item being shipped to the Destination Inventory Location.

10. Optional: Enter the **Equivalent Cases** and/or **Weight (lbs) Per Case**.

Click the **Create** button to create the vaccine shipment and decrement the doses from the source inventory location.

Vaccine Shipment Report

When to use this method:

Use the *Vaccine Shipment* report results to review a summary of vaccine orders that have been shipped by VTrckS to the ordering clinic(s).

How to use this method:

1. Upon logging into the system, select your **Provider** and **Clinic** on the *Home* screen.

2. Navigate to the *Vaccine Shipment* report by selecting **Reports** from the left-hand menu and clicking the **Vaccine Shipment** link in the *Vaccine Order Management* category.

3. Enter report selection criteria.

4. Click the **Run Report** button.

Add and Administer Vaccines

1. Upon logging into the system, select your **Provider** and **Clinic** on the *Home* screen.

2. Navigate to the *Patient Search* screen by selecting **Patients** > **Search** from the left-hand menu.

3. Enter patient search criteria and click the **Search** button.

4. Locate your patient in the results, click the corresponding arrow button and select **Immunizations** to navigate to the *Immunizations Home* screen.

    - If the patient you are looking for does not appear in the results, click the **New Patient** button to create a new patient record in the IIS.

5. Click the arrow beside the **Select Action** button and select **Add Vaccines**.

    - If the **Auto-Populate Add Vaccines Screen** check box is selected, all immunizations recommended for today will automatically be selected on the *Add Vaccines* screen.

6. Enter the **Vaccination Date**.

7. Optional: If your clinic does *not* want to take ownership of the patient, select the **Do not set this clinic as the 'default clinic' for this patient** check box.
8. Click the **Create and Administer** button to proceed to the *Administer Vaccines* screen.

9. Complete the following required fields for each vaccine administered:

    - **Administered By**

    - **Manufacturer / Lot Number / Expiration Date / Funding Source / Inventory Location / NDC / Brand**

- **Body Site** (may default, but can be changed if needed)
- **Route** (may default, but can be changed if needed)

10. Note: Based on the patient's eligibility, only certain vaccine funding sources can be administered. If the wrong funding source is selected, a warning message displays. However, if this is what was actually administered to the patient, it must be recorded. When an inappropriate funding source is administered, a **Borrowed Reason** is required. Depending on the reason selected, a **Comment** may or may not be required.

11. After completing all required fields for all vaccines administered, click the **Update** button.

12. All administered doses are automatically decremented from inventory, and the patient's recommended immunizations are updated to reflect doses administered.

Section 12: COVID-19 Vaccination Program Communication

All vaccine providers must be registered in the State Health Alert Network (HAN) to receive vaccine guidance and critical updates on the COVID-9 vaccination administration mission. The HAN is a statewide, web-based solution for quickly and effectively disseminating health information, emergency notifications. It serves as a central point in the State for finding, creating, and sharing information with healthcare providers and others. All COVID-19 vaccine providers must register staff members to ensure they receive information and updates. Furthermore, COVID-19 vaccine provider organizations can use the HAN to communicate organization-specific information with staff members and partners.
ADH will make the following information available online:

1. General information and education for the public regarding vaccination locations;

2. Education and training information, including EUA fact sheets for providers and vaccine recipients and a place for Vaccine Information Statements (VISs);

3. Federal vaccine call center information and a frequently asked question section; and

4. Data related to Covid-19 vaccination deployment and administration.

The CDC Vaccine Finder website link will also be placed on the vaccine information webpage. Arkansas vaccine providers are encouraged to participate in the CDC Vaccine Finder.

Public information may be disseminated via social media, website postings, interviews, newspaper editorials, flyers, billboards, television and radio broadcasts.

Use of a for a multifaceted communication strategy will help to ensure effective messaging across all populations. These efforts will continue through the different phases of the mission leading up to and including the widespread availability of a vaccine.

Specific messaging will be developed for groups in each of the phases. Emphasis will be placed on reaching groups with limited access to vaccination services, including Arkansas's Hispanic and Marshallese populations. All messaging will be reviewed to ensure it is culturally appropriate, respectful and free of stigma and/or bias and to verify that it uses plain language that is accessible by the intended audience.

Several communication channels will be utilized to maximize reach of the different messages, including some that will be employed before and during all stages. Information will be shared, and media questions answered during the weekly live-streamed press briefing hosted by Governor Asa Hutchinson. More frequent briefings are possible if needed. News releases adhering to the CDC's Vaccinate with Confidence framework will be developed and distributed to statewide media, and these will be accompanied by complementary social media posts Guidance documents and

updates will be posted on the ADH COVID-19 website, shared on social media and sent directly to relevant stakeholders and partners. Culturally appropriate marketing and advertising communications will be developed to ensure parallel or supporting messaging across targeted digital, radio, television, and billboard campaigns.

Internal and external partners will be engaged through several initiatives. The Arkansas Joint Information Center (JIC), which includes communications personnel from numerous state agencies, will continue to meet. The JIC daily conference call and distribution list will be used to disseminate messaging, answer questions and maintain communication among stakeholders

Phase 1

In the first phase, guidance documents were created for the relevant populations eligible to receive a vaccine. Information was shared with these groups through existing ADH avenues and through partnerships with others.

Phase 2

In the second phase, as the vaccine becomes available to members of the general public, the audiences will expand to also include additional employers, those in groups at increased risk of acquiring or transmitting COVID-19, and those with limited access to vaccination services.

Emphasis will be placed on reaching Arkansas's African American, Marshallese and Hispanic populations.

Materials including flyers and signs, social media posts, videos, news releases and guidance documents will be translated to Spanish and Marshallese as frequently as possible, and digital ads/marketing will be targeted to applications known to have high use within these communities.

Phase 3

In the third phase, when the vaccine is widely available, culturally appropriate messaging will continue to the audiences in the first and second phases, along with a broader focus on encouraging the general public to get vaccinated. Communications will emphasize the safety and efficacy of the vaccine, dispel misinformation and make clear the process and available resources for getting vaccinated in different parts of the state and for various populations.

Vaccination data will be used to identify audiences or regions that should be targeted through educational/informational campaigns. The ADH coronavirus call center will be maintained across all phases.

Communication strategies will be centered on the Crisis and Emergency Risk Communication (CERC) principals, which necessitate timely message development along with truth, credibility, empathy and respect. The ADH has a CERC plan to ensure

clear, effective and coordinated risk communication. This has been implemented during the COVID-19 response and will continue across all phases of vaccine development and distribution. As new developments emerge, messages will be crafted immediately by the ADH Office of Communications staff and then tailored to the key audience and distribution channels.

These messages will be delivered in various ways. Some will be shared at the live-streamed news briefings that generally occur on Tuesdays, but can be arranged quickly on other days if needed. Interviews with radio/TV/digital media across the state with ADH spokespersons and licensed independent practitioners (MD, NP, PA) will also be an important tool, and those can be arranged and conducted with minimal lead time using video conferencing software.

Messaging will also be shared on social media applications including Facebook, Twitter and Instagram.

The ADH website will continue to be a destination for new information and resources with updates added as often as necessary each day.

The JIC will also be an important tool for sharing new developments with stakeholders across state and local government. These can be relayed at the daily conference call, or more quickly through the email distribution list.

Section 13: Regulatory Considerations for COVID-19 Vaccination

Providers will receive an educational packet upon enrollment in the COVID-19 Vaccination Program from ADH.

Guidance documents will include product-specific EUA fact sheets for COVID-19 vaccine-enrolled providers, EUA fact sheets for vaccine recipients, or VISes once they are made available by CDC. Providers will be instructed to read both types of EUA fact sheets and VISes prior to beginning administration of COVID-19 vaccine. Providers may contact ADH with any questions regarding administration of COVID-19 vaccine.

Providers will also be informed of the federal requirement to provide the recipient EUA fact sheet or VIS to each patient prior to vaccine administration. Fact sheets and VISs will also be linked on ADH's COVID-19 website. Updates to EUAs or VISs will be distributed via the HAN or a COVID-19 vaccine-enrolled provider distribution email group and posted to ADH's COVID-19 website.

Emergency Use Authorization (EUA) Fact Sheets

The EUA authority allows the FDA to authorize either the use of an unapproved medical product (e.g., drug, vaccine, or diagnostic device) or the unapproved use of an approved medical product during an emergency based on certain criteria. The EUA will outline how the COVID-19 vaccine should be used and any conditions that must be met to use the vaccine. FDA will coordinate with the CDC to confirm these conditions of authorization. COVID-19 vaccine conditions of authorization are expected to include distribution requirements, reporting requirements, and safety and monitoring requirements. The EUA will be authorized for a specific period (i.e., for the duration of the COVID-19 pandemic) to meet response needs.

Additional information on EUAs, including guidance and frequently asked questions, is located on the FDA website.

Product-specific EUA fact sheets that include information on the specific vaccine product and instructions for its use for COVID-19 vaccine-enrolled providers will be made available by the FDA. The FDA will develop EUA fact sheets for vaccine recipients.

EUA fact sheets will be made available on the FDA website and through the CDC website. ADH will use multiple communication media to reach COVID-19 vaccine providers, such as email distribution lists, webpages, and the HAN to contact vaccine-enrolled providers and make them aware of the appropriate EUA fact sheets.

Notification of release of the vaccine EUA documents with website links will be forwarded to various areas within the ADH, including LHUs, as well as external vaccine partner groups such as the Arkansas Pharmacists Association, Arkansas Medical Society and Arkansas Hospital Association. In addition, the Office of Health

Communications may share the notification or the link to the ADH social media accounts and seek amplification from other users, particularly those with ties to providers/health care personnel. If needed, encouragement will be provided by the ADH during the weekly news briefings to emphasize the release of this information with directions to access or a phone number to call for questions.

Vaccine Information Statements (VIS)

VISs are required only if a vaccine is added to the Vaccine Injury Table. Optional VISs may be produced, but only after a vaccine has been licensed (e.g., such as with zoster vaccines). Plans for developing a VIS for COVID-19 vaccine are not known at this time, but will be communicated as additional information becomes available. ADH will disseminate VISs similarly to the way EUA fact sheets will be disseminated.

Section 14: COVID-19 Vaccine Safety Monitoring

Vaccine Adverse Event Reporting System

In response to vaccine safety, ADH will use VAERS to report and investigate adverse events following immunization with the COVID-19 vaccine. VAERS is a national passive surveillance reporting system that is co-sponsored by the CDC and the FDA. Reports are accepted from anyone, including vaccine recipients, healthcare providers, and vaccine manufacturers. Patient identity is kept confidential. VAERS complies with all U.S. Government security standards and protections concerning health information.

VAERS reports should go directly to the VAERS site. Providers will receive an educational packet upon enrollment into the COVID-19 Vaccination Program. Guidance documents will include information on required reporting of vaccine adverse events to VAERS. ADH will provide technical assistance and communicate with the CDC on all aspects of vaccine adverse event reporting. Vaccine safety and education will be provided by the CDC and the ADH to providers statewide and the link to the VAERS site will be posted on the ADH COVID-19 website, located where other relevant information for providers is contained. *(See Appendix E: Vaccine Adverse Event Reporting System Fact Sheet for more information).*

Vaccine Safety Assessment for Essential Workers (V-SAFE)

V-SAFE is a smartphone-based text, text-to-web survey, and email-to-web survey active surveillance program for early vaccine recipients. Some important aspects of V-SAFE include:

- The use of contact information (phone numbers) from the registration process for COVID-19 vaccination of priority workers;

    Conducting daily health checks on vaccine recipients via text messages and email during the first week post-vaccination and weekly for six (6) weeks theraftер; and

Conducting active telephone follow-up to report any clinically important adverse event.A VAERS report will be taken during telephone follow-up, if appropriate.

The CDC is working to expand safety surveillance through new systems and additional information sources and by scaling up existing safety monitoring systems. More information on safety monitoring will be shared when it becomes available from the CDC. *(See Appendix F: Vaccine Safety Assessment for Priority Workers Fact Sheet for more information).*

Section 15: COVID-19 Vaccination Program Monitoring

Provider Enrollment

Provider enrollment is monitored through Research Electronic Data Capture (REDCap) and progress is tracked through the three stages of onboarding: enrollment, storage and handling capabilities, and submission of the completed CDC Provider Agreement and Profile. Location of providers will be mapped via Tiberius so that geographic coverage of providers may be monitored, and providers recruited in areas where gaps are identified. Provider/Staff/Facility enrollment will include: REDCap, WebIZ, and Vaccine Finder, as needed.

Quality Control

ADH performs quality control reviews of vaccine providers enrolled in the VFC program. It is anticipated that a similar protocol will be used to review COVID-19 vaccine providers.

Monitoring Communication

ADH will ensure that provider training documents are received and reviewed by requiring transcript from CDC and attestation of review. Pandemic-related communications critical to the healthcare workforce will be shared via the HAN. Public communications may be monitored through social media site metrics.

Tiberius

Tiberius integrates COVID-19 vaccine distribution planning, tracking, modeling, analysis, and other data from federal agencies, state and local partners, private-sector partners, and open data providers to create a comprehensive common operating picture (COP) of COVID-19 vaccine planning, distribution, and administration efforts. Tiberius provides flexible and real-time data-backed applications that enable users of all types to make data-driven decisions.

Provider-level Data Reporting

ADH epidemiologists will monitor and report timeliness and completeness of reporting of COVID-19 vaccine administration at the organization and facility levels. Staff will review this frequently to ensure completeness, accuracy, and timeliness of reporting data.

Staff will also monitor provider-ordering and inventory-management practices and evaluate adherence to COVID-19 vaccine reconciliation and inventory requirements. Staff will run daily reports using IIS data to generate a list of providers who have not accepted an order into their inventory within seven (7) business days.

This information will be sent to ordering staff for follow-up with the provider. The staff will generate a monthly report using IIS data to identify providers who are not

reconciling their inventory as required. This information will be sent to ordering staff for follow-up with the provider as well.

Training

All vaccine-enrolled providers should also ensure that vaccinators and other staff involved in vaccination operations receive training. Training and exercise modules are continually being developed by the Immunization Branch. The ADH Immunization Branch will conduct technical assistance webinars, review vaccine allocation tools, review the CDC PanVax Tool for pandemic vaccination planning, and answer questions of local vaccine-enrolled provider staff. Follow-up meetings and/or webinars will be scheduled as necessary. Additionally, ADH plans to conduct workshops, webinars and/or tabletop/functional exercises for state partners as necessary. Most training and exercise offerings will be done virtually or on-demand.

Training topics may include but are not limited to the following:

- WebIZ training for providers;
- Vaccine administration and tracking;
- Vaccine call down drills and exercises;
- CDC resources, and vaccine recommendations, as available;
- Ordering and receiving COVID-19 vaccine;
- Vaccine storage and handling, including transportation requirements, specific to COVID-19 vaccine;
- Vaccine administration, including reconstitution, use of adjuvants, diluents, etc.;
- Documenting and reporting vaccine administration via WebIZ;
- Managing and reporting vaccine inventory via WebIZ;
- Documenting and reporting vaccine waste and spoilage;
- Procedures for reporting to VAERS;
- Providing EUA fact sheets and/or vaccine information sheets to vaccine recipients;
- Public messaging; and
- Outreach to priority groups, vulnerable populations, and hard-to-reach populations.

Appendix A: Acronyms

ACIP - Advisory Committee on Immunization Practices
ACPE - Accreditation Council for Pharmacy Education
ADEM - Arkansas Division of Emergency Management
ADH - Arkansas Department of Health
CCVI - COVID-19 Community Vulnerability Index
CDC - Centers for Disease Control and Prevention
CERC - Crisis and Emergency Risk Communication
CHP - Center of Health Protection
COP - Common Operating Picture
CRI - Cities Readiness Initiative
DDL - Digital Data Logger
EHR - Electronic Health Record
EMR - Electronic Medical Record
EMS - Emergency Medical Services
EOC - Emergency Operations Center
EUA - Emergency Use Authorization
FDA - U.S. Food and Drug Administration
FQHC - Federally Qualified Health Centers
GIS - Geographic Information System
HAN - Health Alert Network
ICS - Incident Command System
IIS - Immunization Information System
JIC - Joint Information Center
LEO - Law Enforcement Officer
LHD - Local Health Department
LTCF - Long Term Care Facility
mRNA - Messenger Ribonucleic Acid
OWS - Operation Warp Speed
PIO - Public Information Officer
PHPERB - Public Health Preparedness and Emergency Response Branch
POD - Point of Distribution
PPE - Personal Protective Equipment
QART - Quality Assurance Review Team
REDcap - Research Electronic Data capture
RSS - Receipt, Stage and Store
VAERS - Vaccine Adverse Event Reporting System
VFC - Vaccines for Children
VIS - Vaccine Information Statement
V-SAFE - Vaccine Safety Assessment for Essential Workers

VTrckS - Vaccine Tracking System
WebIZ- Arkansas Web Immunization Registry System

Appendix B: COVID-19 Vaccine Redistribution Form

ARKANSAS COVID-19 REDISTRIBUTION LOG

Document your transfer of COVID-19 vaccine to other COVID-19 vaccine providers on this log. If a provider cannot be located to accept the vaccine transfer and the vaccines must be wasted due to expiration, email or fax your completed Vaccine Redistribution Log to ADH. **Email all completed forms to DPH.Vaccines@Arkansas.gov or fax to 217-786-7506.**

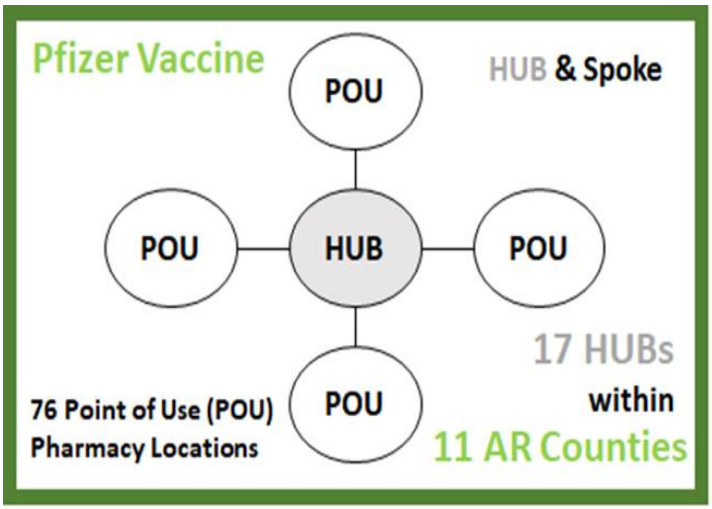
Arkansas COVID-19 Vaccines may NOT be transferred to providers in the city of Chicago's COVID-19program!

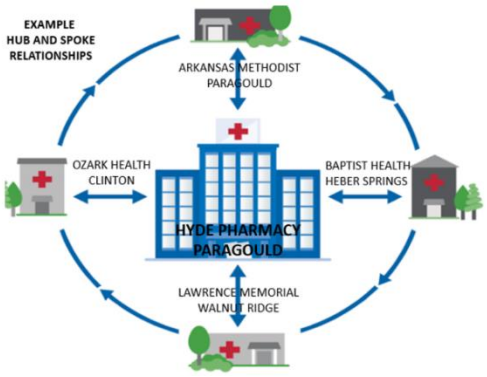
PROVIDER REQUESTING TRANSFER			
Provider Name		COVID PIN IN WEBIZ	
Coordinator Requesting Transfer		Email Address	
Address		City, ZIP	
Phone Number		Fax Number	

EXPIRING VACCINES FOR TRANSFER				
NDC	Vaccine Manufacturer	Lot Number	Expiration Date	Number of Doses

PROVIDERS CONTACTED ABOUT TRANSFER (REQUIRED – MUST BE COMPLETED FOR CONSIDERATION)				
Date of Contact	PIN TRANSFERRED TO IN WEBIZ	Facility Name	Name of Coordinator Contacted	Transfer Accepted or Refused

Appendix C: Hub and Spoke Concepts





The Hub and Spoke methodology is primarily for Phase 1a with the flexibility to expand to subsequent phases as needed Pfizer-BioNTech vaccine should be prioritized to the 11 AR counties highlighted in green in the spreadsheet below, and the vaccines should be distributed using a Hub and Spoke concept as depicted in the figure above. The Pfizer-BioNTech vaccine may be stored up to 30 days on dry ice. Storage beyond 30 days requires a facility with -70C freezer capability. The pharmacies and hospitals annotated as "(Hub)" and highlighted in grey in the spreadsheet below are the only locations in AR with -70C freezer capability. These Hubs are located in the 11 AR counties highlighted in green.

Pfizer-BioNTech ships its vaccine in a minimum initial shipment container of 975 doses. Consequently, Pfizer-BioNTech should be shipped to the Hub in each county, where the Point of Use (POU) pharmacies will coordinate with the HUB to retrieve their allocated portion of the Pfizer-BioNTech vaccine shipment.

Pharmacy Name	*Physical Street*	*Physical City*
Benton County - 7 locations		
Collier Drug - Centerton	991 W. Centerton Blvd	Centerton
Cornerstone Pharmacy of Bella Vista	1 Mercy Way	Bella Vista
Debbie's Family Pharmacy	5403 Pinnacle Point Drive	Rogers
Harp's Pharmacy #113 Siloam Springs	201 Highway 412 W	Siloam Springs
Heartland Pharmacy Gentry	560 South Gentry Boulevard	Gentry
Northwest Medical Center Bentonville (Hub)	3000 Medical Center Pkwy	Bentonville
Teasley Drug	205 Atlanta Street, S.E.	Gravette
Boone County – 4 locations		
Harps Pharmacy #202 Harrison	5015 Highway 62 East	Harrison
North Arkansas Regional Medical Center (Hub)	620 N Main St	Harrison
Sam Alexander Pharmacy Harrison	127 N. Main	Harrison
Sullivan Main Street Pharmacy Harrison	731 N. Main	Harrison
Clay County – 2 locations		
Goodman Drug Company	1109 West Main	Corning
Piggott Pharmacy (Hub)	648 East Main Street	Piggott
Craighead County – 6 locations		
McFarlin Pharmacy Inc	101 West Drew Street	Monette
Soo's Drug Store	2822 E. Nettleton Ave.	Jonesboro
Southern Pharmacy of Arkansas Jonesboro	3001 Apache Drive	Jonesboro
Super V Drugs Jonesboro	1000 - A E. Matthews	Jonesboro
The Medicine Shoppe #0618 Jonesboro*	325 Southwest Drive	Jonesboro
Woodsprings Pharmacy (Hub)	1807 Woodsprings Road	Jonesboro
Garland County – 5 locations		
Crawford pharmacy	107 Crawford street	Hot springs
Express Rx at National Park	105 Sawtooth Oak Street	Hot Springs
Fountain Lake Family Pharmacy	4517 Park Ave	Hot Springs
Smith Drug and Compounding- Airport Rd.	1629 Airport Rd.	Hot Springs
Village Healthmart #1 Hot Springs Village (Hub)	4440 N. HWY 7	Hot Springs Village
Greene County – 3 locations		
Hyde Pharmacy Paragould (Hub)	1001 West Kingshighway	Paragould
McHaneyDrug	1400 WEST HUNT STREET	Paragould
Prescriptions Corner Drug (Hub)	320 West Kingshighway	Paragould
Jefferson County – 2 locations		
Doctor's Orders Pharmacy 1 White Hall	7240 Sheridan Road	White Hall
Doctor's Orders Pharmacy 2 Pine Bluff (Hub)	2302 W 28th Avenue	Pine Bluff
Pulaski County – 21 locations		
Achor Family Pharmacy	1900 Club Manor Dr, Suite 101	Maumelle
Brian's Pharmacy	4201 E Kiehl Ave	Sherwood
Arch Street Pharmacy	11200 Arch Street	Little Rock
City Pharmacy of Little Rock	1801 Broadway	Little Rock
Cornerstone Pharmacy Jacksonville	315 South James Street	Jacksonville
Cornerstone Pharmacy Rodney Parham Little Rock (Hub)	4220 N. Rodney Parham, Suite 101	Little Rock

Cornerstone Pharmacy Rose City	4307 East Broadway Street	North Little Rock
Don's Pharmacy (Hub)	8609 W. Markham, Suite A	Little Rock
ExpressRx of Otter Creek Little Rock	10100 Stagecoach Road	Little Rock
Freiderica Pharmacy	400 W. Capitol Ave.,, Suite 101-A	Little Rock
Kavanaugh Pharmacy Little Rock (Hub)	5008 Kavanaugh	Little Rock
Kroger Pharmacy #614 Jacksonville	103 Gregory Place	Jacksonville
Kroger Pharmacy #627 LR Geyer Springs	8824 Geyer Springs Rd.	Little Rock
Market Place Pharmacy	11316 Huron Lane	Little Rock
Medicine Man Pharmacy Main North Little Rock	2520 Main St.	North Little Rock
Park West Pharmacy	904 Autumn Road	Little Rock
Remedy Drug	8511 West Markham	Little Rock
Tanglewood Drugstore	6815 Cantrell Rd.	Little Rock
The Drug Store, Inc.	11121 N. Rodney Parham	Little Rock
The Pharmacy at Wellington (Hub)	15400 Chenal Parkway, Suite 100	Little Rock
D and D Pharmacy (Hub)	8908 Kanis Rd Suite 350	Little Rock
Saline County – 4 locations		
Bryant Family Pharmacy (Hub)	3801 Highway 5N	Bryant
Cornerstone Pharmacy Bryant	2203 N Reynolds Road	Bryant
East End Pharmacy Express	21019 Hwy 167 Suite 100	Hensley
West Side Pharmacy Benton (Hub)	620 - C West South Street	Benton
Sebastian County – 12 locations		
Andersons Discount Pharmacy	700 Lexington Ave	Fort Smith
Baptist Health Hospital Fort Smith (Hub)	1001 Towson Ave	Fort Smith
Coleman Pharmacy- Fort Smith	3610 Grand Ave	Fort Smith
Health Depot #1	7700 HWY 271 S.	Fort Smith
Health Depot #2	1610 Fort Street	Barling
Health Depot #3	1530 West Center Street	Greenwood
Health-Wise Pharmacy Lavaca	1800 West Main	Lavaca
Laws Drug Store	6802 Rogers Avenue	Fort Smith
MediSav Pharmacy #2	8820 Rogers Ave	Fort Smith
MediSav Pharmacy #3	5701 Jenny Lind Rd	Fort Smith
National Family Pharmacy	1615 Dodson	Fort Smith
Prince Drug Store Inc	1112 Towson Ave	Fort Smith
Washington County – 10 locations		
Collier Drug Farmington	197 E Main	Farmington
Collier Drug Fayetteville Center	2491 N Center St	Fayetteville
Collier Drug Fayetteville Dickson (Hub)	100 W. Dickson	Fayetteville
Collier Drug Fayetteville Futrall	3380 N Futrall Drive	Fayetteville
Collier Drug Prairie Grove	801 E Douglas	Prairie Grove
Collier Drug Springdale Maestri	171 N Maestri Road	Springdale
Collier Drug Springdale Willow Creek	5201 Willow Creek Drive	Springdale
Community Pharmacy of Springdale	400 West Emma Avenue	Springdale
Harps Pharmacy #119	2894 West Sunset	Springdale
Medical Arts Pharmacy Fayetteville	2515 E. Huntsville Road	Fayetteville

Rank	County	Population	COVID-19 Vaccine Type	Total Pharmacy Locations for COVID-19 Vaccine	Hubs for Pfizer-BioNTech Redistribution
1	Pulaski County	392,967	Pfizer-BioNTech	21	5
2	Benton County	265,759	Pfizer-BioNTech	7	1
3	Washington County	232,289	Pfizer-BioNTech	10	1
4	Sebastian County	127,591	Pfizer-BioNTech	12	1
6	Saline County	119,415	Pfizer-BioNTech	4	2
7	Craighead County	107,345	Pfizer-BioNTech	6	1
8	Garland County	98,555	Pfizer-BioNTech	5	1
11	Jefferson County	69,282	Pfizer-BioNTech	2	1
15	Greene County	44,937	Pfizer-BioNTech	3	2
21	Boone County	37,331	Pfizer-BioNTech	4	1
51	Clay County	14,889	Pfizer-BioNTech	2	1
	Population of 11 Counties	1,510,360		**76**	**17**
	Population of Arkansas	2,999,370			
	Percent of Total Population	**50.36%**			

***Note: Go to COVID Vaccine Pharmacies (arrx.org) for a list of all Vaccine-enrolled providers and Pharmacies providing the COVID-19 vaccination that is listed by name, city, and county.**

Appendix D: Vaccination Strike Team

Strike Team Concept.

- **Who:** (Assigned upon validated resource request)
- **What:** Provide agile teams to conduct/support COVID-19 vaccine administration for the residents of Arkansas
- **When:** Upon request and/or need throughout the state
- **Where:** Any area within the state of Arkansas
- **Why:** To support Arkansas' goal of providing COVID-19 vaccine to all residents in AR eligible and who want to receive a vaccination.

Strike Team Capabilities.

- Vaccine Teams scheduler will work with civilian agencies to provide an agile vaccine administration capability to support vaccine implementation plan.
- EMTs/Medics: Administer Vaccine and collect all documentation from populace receiving the vaccine. Answer questions as necessary.
- Scheduler/Handlers: Move vaccination and supplies from holding point to point of distribution and additional duties as required throughout assigned region. Develops schedule from pharmacy to point of immunization.
- Admin/Support: Conducts initial screening and data entry as required. Hand out all documentation required to receive vaccine and answers questions as needed by population receiving the vaccination. Directs to immunization line for administration of Vaccine.
- Anticipated throughput of the number of vaccinations the team can administer is 35 persons per hour.

Strike Team Composition.

- **Personnel** *(one will pick up the additional duty as a scheduler):*
    - Two (2) EMTs/Medics
    - One (1) Driver/Handler
    - Two (2) Admin/Support Personnel

- **Equipment:**
    - One (1) Passenger Van or comparable vehicle capable of transporting the team and their equipment.

Appendix E: Vaccine Adverse Event Reporting System (VAERS) Fact Sheet

VAERS

Vaccine Adverse Event Reporting System

A National Program for Monitoring Vaccine Safety

Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS), is a national program managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to monitor the safety of all vaccines licensed in the United States. VAERS collects and reviews reports of adverse events that occur after vaccination. An "adverse event" is any health problem or "side effect" that happens after a vaccination. VAERS cannot determine if a vaccine caused an adverse event, but can determine if further investigation is needed.

VAERS provides valuable information

VAERS is an early-warning system that detects problems possibly related to vaccines. The system relies on reports from healthcare providers*, vaccine manufacturers, and the general public. Reporting gives CDC and FDA important information to identify health concerns and ensure vaccines are safe in order to protect the public's health.

VAERS staff evaluate reports of adverse events

VAERS defines a "serious adverse event" as life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability or death. Once adverse events are identified using VAERS, they may be monitored in other immunization safety systems to confirm if a particular adverse event is related to a vaccination and identify any specific risk factors.

Anyone can report to VAERS

Anyone can submit a report to VAERS, including patients, family members, healthcare providers, vaccine manufacturers and the general public. CDC and FDA encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS.

How to report to VAERS

You can report to VAERS online at https://vaers.hhs.gov/index.

For further assistance reporting to VAERS, visit https://vaers.hhs.gov/index or contact VAERS directly at info@VAERS.org or 1-800-822-7967.

VAERS data are available to the public

VAERS data can be downloaded at https://vaers.hhs.gov/data/index or searched at http://wonder.cdc.gov/vaers.html. Privacy is protected and personal identifying information (such as name, date of birth and address) is removed from the public data.

For more information about VAERS:

E-mail: info@vaers.org

Phone: 1-800-822-7967

Web site: www.vaers.hhs.gov

*Healthcare providers are encouraged to report all clinically significant adverse events after vaccination to VAERS even if it is uncertain whether the vaccine caused the event. They are also required to report to VAERS adverse events found in the Reportable Events Table (RET) at https://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

FACT SHEET

Appendix F: Vaccine Safety Assessment for Essential Workers (V-SAFE) Fact Sheet *(1 of 2)*

Get vaccinated. Get your smartphone. Get started with v-safe.

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through ***v-safe***, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And ***v-safe*** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's ***v-safe*** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in ***v-safe*** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from ***v-safe*** around 2 p.m. local time. To opt out, simply text "STOP" when ***v-safe*** sends you a text message. You can also start ***v-safe*** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, ***v-safe*** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions ***v-safe*** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, ***v-safe*** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in ***v-safe*** is protected so that it stays confidential and private.*

*To the extent ***v-safe*** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

12/11/20

v-safe℠
after vaccination health checker

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code

Appendix F: Vaccine Safety Assessment for Essential Workers (V-SAFE) Fact Sheet *(Continued, 2 of 2)*

How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the ***v-safe*** website using one of the two options below:

Use your smartphone's browser to go to vsafe.cdc.gov

OR

Aim your smartphone's camera at this code

2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in ***v-safe*** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, ***v-safe*** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., ***v-safe*** will start your initial health check-in immediately after you register—just follow the instructions.
   You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a ***v-safe*** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

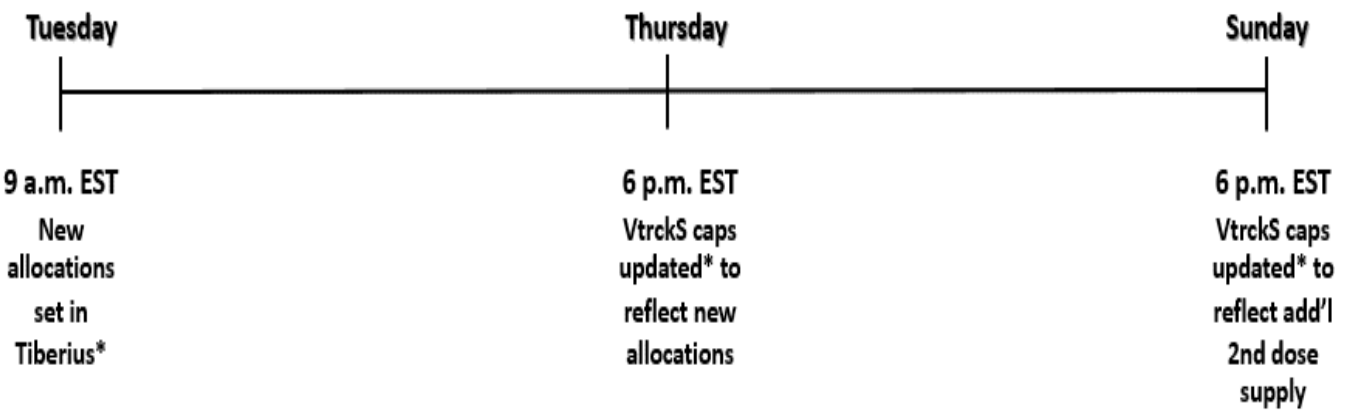
- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- ***V-safe*** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with *v-safe*?
Call 800-CDC-INFO (800-232-4636)
TTY 888-232-6348
Open 24 hours, 7 days a week
Visit www.cdc.gov/vsafe

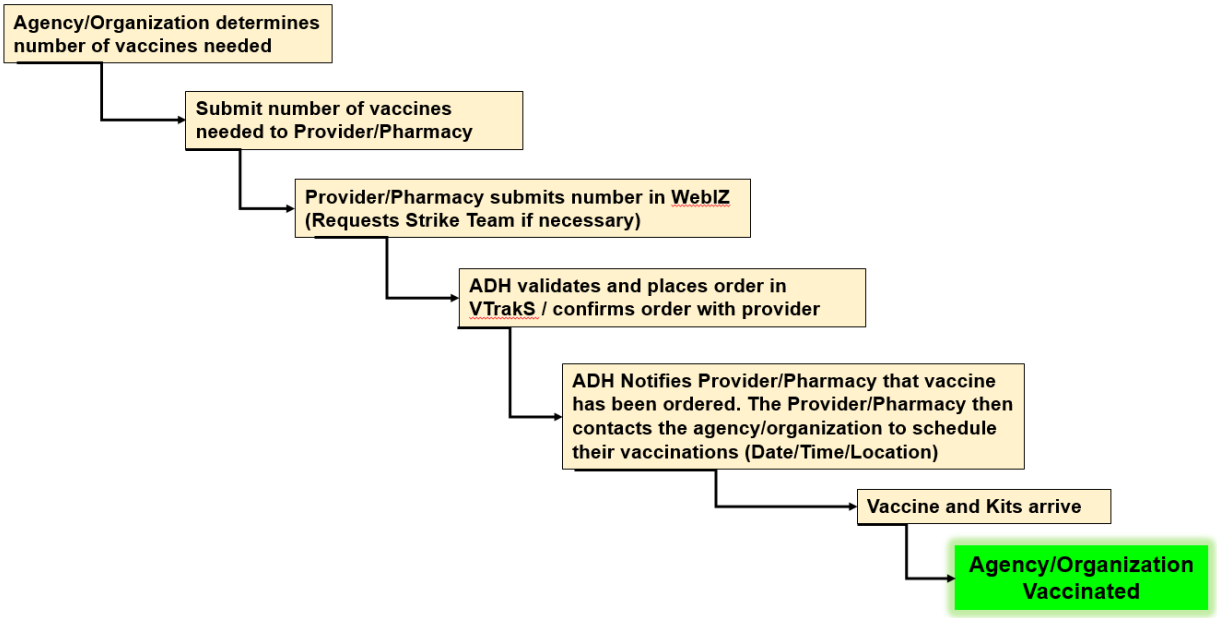
Appendix G: Vaccine Ordering Process (Pfizer-BioNTech and Moderna Only)



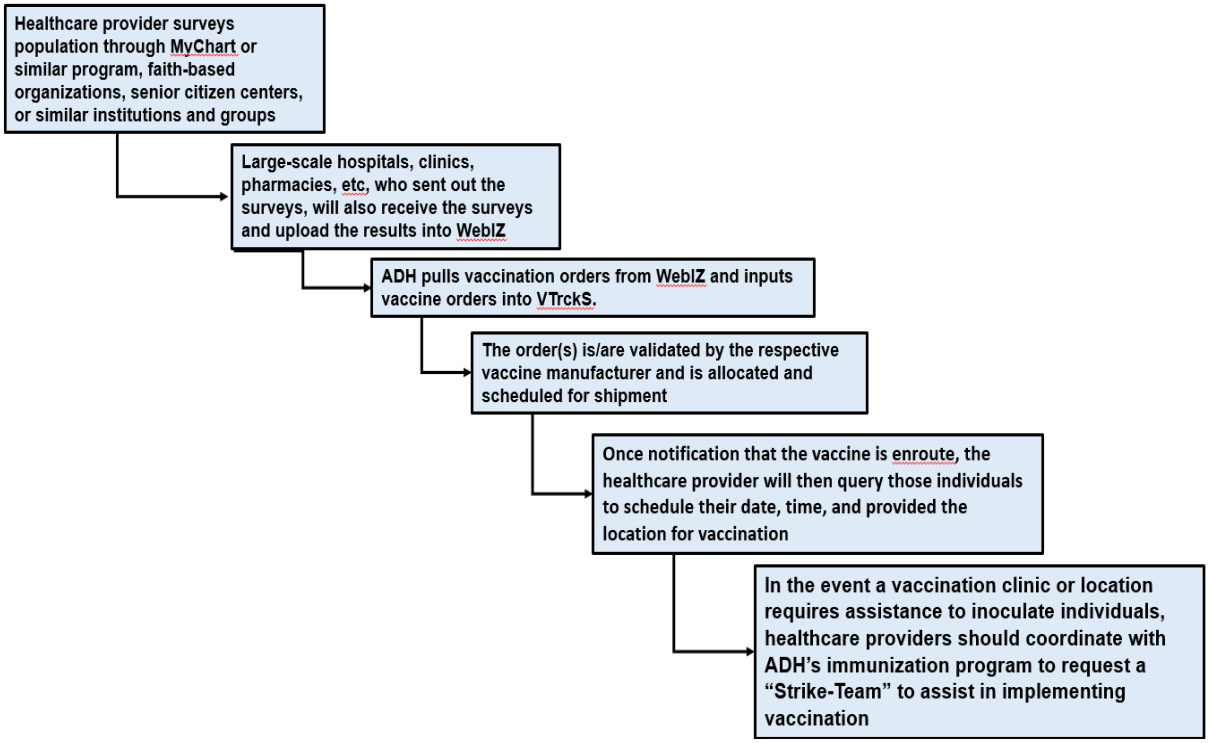
Pfizer-BioNTech			Moderna	
Orders Placed Into VTrckS Ordering System	Sites Receive Pfizer Vaccine and Kit**	Sites Receive Dry Ice Replenishment ***	Orders Placed Into VTrckS Ordering System	Sites Receive Moderna Vaccine and Kit**
Thursday -Friday (until 9am ET)	Monday	Tuesday	Friday (until 12pmET)	Monday /Tuesday
Saturday -Sunday (until 9am ET)	Tuesday	Wednesday	Saturday -Monday (until 12pmET)	Tuesday /Wednesday
Monday (until 9am ET)	Wednesday	Thursday	Tuesday (until 12pm ET)	Wednesday /Thursday
Tuesday (until 9am ET)	Thursday	Friday	Wednesday (until 12pmET)	Thursday /Friday
Wednesday (until 9am ET)	Friday	Friday	Thursday (until 12pmET)	Friday / Monday
* New allocation will depend on doses manufactured successfully and released; VTrckS Ordering Cap will reflect this new allocation plus any existing carrying over. **Ancillary kits will arrive within a 24-hour window of vaccine. ***Recipient may opt-out of dry ice. **Deliveries will occur 5 days a week**			* New allocation will depend on doses manufactured successfully and released; VTrckS Ordering Cap will reflect this new allocation plus any existing carrying over. **Though many orders will be delivered next business day, some orders may take 2 business days. Ancillary kits will arrive within a 24-hour window of vaccine. **Deliveries will occur 5 days a week**	

Appendix H: Vaccine Coordination Process for Groups and Individuals

Appendix H
Vaccine Coordination Process for Groups



Appendix H
Vaccine Coordination Process for Individuals



Arkansas Vaccination Priorities Based Upon CDC Guidance

It is intended that considerations for health equity be explicitly considered as an overarching value in the developed strategies to address each phase of this plan for allocation of vaccine in Arkansas. The goal is to ensure that COVID-19 vaccines are a public good that contributes significantly to equitably protecting and promoting human well-being for everyone in Arkansas.

	PHASE 1-A When the number of doses are limited		PHASE 1-B When the number of doses are limited		PHASE 1-C (This DRAFT is based on ACIP* recommendations and has not been finalized for Arkansas) When the number of doses are limited, but increasing
	Target: Health care workers and people who reside in long-term care facilities		**Target:** People aged 70 years and older and frontline essential workers		**Target:** People aged 65-69 years, people aged 16***-64 years with high-risk medical conditions, and essential workers not recommended for vaccination in 1-B
	Timing: December 2020 - January 2021 **(Estimated)****		**Timing:** February 2021 **(Estimated)****		**Timing:** April 2021 **(Estimated)****
1	**Hospitals** ranked by # of employees and # of COVID-19 cases:		**Enrolled pharmacies and clinics** willing to vaccinate the following:		**Enrolled pharmacies and clinics** willing to vaccinate the following:
	Order of priority for hospital types: Acute care hospitals, Surgical hospitals, Long-term acute care (LTAC) hospitals, Rehab Hospitals, Psychiatric/Behavioral health hospitals, Correctional hospitals	Not in order of priority	People aged 70 years and older	Not in order of priority	People aged 65-69 years, 16***-64 years
	High-priority workers: hospital **on-campus** and **off-campus** employees and staff in high-risk settings or performing high-risk procedures on confirmed or suspected COVID-19 patients		Essential worker in the following sectors:		• Adults with the following conditions are at increased risk for severe COVID-19-associated illness: cancer, chronic kidney disease, COPD, heart conditions, weakend immune system, obesity, severe obesity, sickle cell disease, type 2 diabetes, and pregnancy
	High-priority hospital workers and high-priority community-based workers will be vaccinated before lower-priority workers in either setting.		• Teachers and school staff		Essential worker in the following sectors:
2	**LTC Pharmacies** to vaccinate LTC staff & residents		• Food and agricultural workers		• Transportation and logistics
3	**Community-based pharmacies** in each <u>county</u> to vaccinate community-based health care workers in the following settings. Health care ID required to be vaccinated.		• Firefighters and Police who were not included as 1st Responders in 1A		• Water and wastewater
	These high-priority groups will be vaccinated before other community-based health care workers:		• Manufacturing workers		• Food service
	• Primary care		• Grocery store workers		• Shelter and housing
	• Urgent care		• Public transit workers		• Finance
	• College & university student health center		• Child care workers		• Information technology and communications
	• K-12 health clinics & school nurses		• U.S. Postal Service workers		• Energy
	• Dental clinics		• Essential government workers		• Media
	• Pharmacies		• Corrections officers		• Public safety
	• Home health				• Public health workers
	• Private care/personal care				
	• Hospice care				
	• Dialysis centers				
	• Blood donation centers				
	• Corrections medical providers				
	• EMS, fire and law enforcement who serve as first responders				
4	• Medical examiners, coroners and funeral home staff with direct contact or those that transport.				*** Only Pfizer-BioNTech vaccine is approved for adolescents 16 years and 17 years
	Other health care workers to be vaccinated after above high-priority groups are completed (e.g., audiologists, speech therapists, podiatrists, chiropracters, etc.)				
	ADH Local Health Units to vaccinate employees at high-risk for exposure		Category 1B and Category 1B priorities may be spread out during the course of administration to limit waiting times and uncertainty.		
	* The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine--United States, December 2020 can be found online at https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w		**The exact time frames for vaccinations will depend upon supply.		

Appendix J: CDC Supplemental COVID-19 Vaccine Redistribution Agreement (Page 1 of 2) (Link to actual Form: CDC Supplemental COVID-19 Vaccine Redistribution Agreement (eziz.org)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization Information

Organization/facility name:

FOR OFFICIAL USE ONLY *VTrckS ID:*

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1: Street address 2:

City: County: State: - ZIP:

Telephone: Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: First name: Middle initial:

Title: Licensure state: - Licensure number:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: - ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name: First name: Middle initial:

Telephone number: Email:

Street address 1: Street address 2:

City: County: State: - ZIP:

Appendix J: CDC Supplemental COVID-19 Vaccine Redistribution Agreement (Page 2 of 2)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization Information

Organization/facility name:

FOR OFFICIAL USE ONLY *VTrckS ID:*

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1: Street address 2:

City: County: State: - ZIP:

Telephone: Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: First name: Middle initial:

Title: Licensure state: - Licensure number:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: - ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name: First name: Middle initial:

Telephone number: Email:

Street address 1: Street address 2:

City: County: State: - ZIP:

Appendix K: COVID-19 Vaccine Inventory Management (WebIZ)

COVID-19 Vaccine Inventory Management	
WEBIZ ENROLLMENT	
Each facility receiving, storing, and administering COVID-19 vaccines must be enrolled in WebIZ.	Enroll each unenrolled facility or facilities in WebIZ. ADH WebIZ Enrollment Homepage
Each staff member at your facility that will administer, document, prescribe and manage COVID-19 vaccines must be enrolled in WebIZ.	Enroll each unenrolled staff member at your facility or facilities in WebIZ. ADH WebIZ Enrollment Homepage
If you are unsure if a facility or staff member is enrolled in WebIZ, please contact the WebIZ help desk at https://adhimmiregistry.hesk.com/ prior to submitting an additional enrollment.	
RECEIPT OF COVID-19 INVENTORY	
When COVID-19 vaccine inventory is received, it must be added to your vaccine inventory in WebIZ.	Your primary and back-up vaccine coordinator should know how to receive COVID-19 vaccine shipments and vaccine transfers in WebIZ. How to receive a VTrckS shipment How to manually add a vaccine shipment How to enter a vaccine transfer How to receive a vaccine transfer
VACCINATION DOCUMENTATION	
All COVID-19 vaccinations must be entered into WebIZ within 24-72 hours of vaccination.	HL7 SUBMISSION- Verify if your vaccinations are automatically documented via an HL7 feed from your EHR to WebIZ and how often the information is submitted. Submission should be at least every 24 hours.
	MANUAL SUBMISSION: Document vaccinations directly in WebIZ. How to add and administer vaccinations in WebIZ
	FLAT FILE SUBMISSION: An alternative to entering vaccinations manually into WebIZ is to upload your vaccinations into WebIZ using a Flat File. For Flat File specifications and a sample file, email Rachel.Odom@Arkansas.Gov.
INVENTORY MANAGEMENT IN WEBIZ	
All doses of COVID-19 vaccine must be accounted for in WebIZ.	Spoiled and wasted vaccines must be adjusted out of your WebIZ inventory. How to report vaccine wastage
	An inventory reconciliation should be completed at least monthly within 14 days of placing an order. How to perform an inventory reconciliation if submitting data via EHR How to perform an inventory reconciliation if entering vaccinations directly into WebIZ
	Returns of expired and spoiled vaccines should be completed through WebIZ, when applicable. How to create and submit a vaccine return in WebIZ

DAILY INVENTORY REPORTING	
Daily COVID-19 vaccine inventory must be uploaded to Vaccine Finder every day, 7 days per week.	Your primary vaccine manager should be enrolled in Vaccine Finder so that daily COVID- 19 vaccine can be reported. If your vaccine manager has not received an email to enroll in Vaccine Finder, contact the WebIZ Help Desk https://adhimmiregistry.hesk.com/.

Additional WebIZ-developed trainings are available on the WebIZ website by clicking "Learn More" at the top of the module page. ADH-developed WebIZ trainings are also available in the WebIZ Reports module under "Arkansas WebIZ Training Materials and Documents" section. A user must be signed into WebIZ to access all WebIZ trainings.